



**Howell Area Parks & Recreation Authority
Regular Meeting
Oceola Community Center
Tuesday, January 16, 2024, 7:00 p.m.**

Call to order

Pledge of Allegiance (all stand)

Call to the Public (for any items not on the agenda)

Approval- Consent Agenda

1. Organizational Meeting Minutes dated Tuesday, December 19, 2023
2. Regular Board Meeting Minutes dated Tuesday, December 19, 2023
3. Check Register Report Ending December 31, 2023
4. Bank Statements Ending December 31, 2023
5. Financial Reports Ending December 31, 2023 - Preliminary

Approval- Regular Agenda

6. Discussion/Approval item - 2024 Blue Cross Blue Shield Renewal
7. Discussion/Approval Item- ICMA 401 & ICMA 457(b) Plan Contributions for 2024
8. Discussion/ Approval Item- 2024 in-lieu of insurance payment
9. Discussion/Approval Item- Resolution 24-1
10. Events and Programs Report
 - a. Upcoming events & programs
 - i. Yeti Recap
 - ii. Sweetheart Dances
 - iii. Rec on the Go
 - b. Sponsorship & marketing updates
 - i. Bank of Ann Arbor
 - c. Seasonal Program Guide Distribution
 - i. January-May
11. Preventive Maintenance Report
12. Directors Report

13. Board Member Reports

- i. City of Howell Board Rep:
- ii. Oceola Township Board Rep:
- iii. Marion Township Board Rep:
- iv. Genoa Township Board Rep:
- v. Howell Township Board Rep:

14. Old Business

15. New Business

16. Next Meeting: February 20, 2024 @ 7pm Oceola Community Center

17. Adjournment



Agenda Item Notes:

Approval- Regular Agenda

6. Discussion/Approval item - 2024 Blue Cross Blue Shield Renewal

There are no changes to the 2024 compared to 2024. however, our premium will increase 5.23%.

Recommendation: Approve the 2024 Blue Cross Blue Shield renewal

7. Discussion/Approval Item- ICMA 401 & ICMA 457(b) Plan Contributions for 2024

Historically the Howell Parks and Recreation has offered both plans. The ICMA 457 is an employee contribution, and our 401k program is a HAPRA contribution of 10% of the full-time employee's base salary

Recommendation: Approve the 10% contribution level for the 401k program and continue to offer the Employee contribution 457(b) program

8. Discussion/ Approval Item- 2024 in-lieu of insurance payment

HAPRA has offered a pay in-lieu for insurance since 2015. The rate has been set at \$250 per completed quarter for a total of \$1,000 per year. We currently have 6 full-time employees who participate in the offering.

Recommendation: Approve the 2024 in-lieu payment of \$250 per completed quarter



Howell Area Parks & Recreation Authority
Oceola Community Center

Organizational Board Meeting Minutes

December 19, 2023

Call to Order

Chair Diana Lowe called the meeting to order at 7:00 pm.

Pledge of Allegiance

Attendance

Board Members: Chair Diana Lowe, Vice Chair Terry Philibeck, Secretary Nikolas Hertrich, Treasurer Tammy Beal, Trustee Sue Daus

HAPRA Staff: Director Tim Church, Jen Savage, Kyle Tokan

Public: None

Discussion/Approval – Officer Positions for 2024

Brief discussion was had concerning officer positions, it was decided all officers would remain unchanged.

2024 Officer Positions:

Chair – Diana Lowe

Vice Chair – Terry Philibeck

Secretary - Nikolas Hertrich

Treasurer – Tammy Beal

Trustee – Sue Daus

Motion made by Tammy Beal and Supported by Terry Philibeck. **Motion carried 5 – 0.**

Adjournment

Motion by Vice Chair Terry Philibeck to adjourn at 7:01 pm, supported by Treasurer Tammy Beal. **Motion carried 5-0**

Approved

Date

Respectfully Submitted by: Nikolas Hertrich, Secretary

DRAFT



Howell Area Parks & Recreation Authority
Oceola Community Center

Regular Board Meeting Minutes

December 19, 2023

Call to Order

Chair Diana Lowe called the meeting to order at 7:01 pm.

Attendance

Board Members: Chair Diana Lowe, Vice Chair Terry Philibeck, Secretary Nikolas Hertrich, Treasurer Tammy Beal, Trustee Sue Daus

HAPRA Staff: Director Tim Church, Jen Savage, Kyle Tokan

Public: None

Call to the Public

None Present

Approval of Consent Agenda

Treasurer Tammy Beal made a motion to approve the consent agenda, supported by Vice Chair Terry Philibeck. **Motion carried 5 – 0.**

Approval of Regular Agenda

A motion to approve the regular agenda was made by Vice Chair Terry Philibeck and supported by Treasurer Tammy Beal. **Motion carried 5 – 0.**

Discussion/Approval – Adjustment to the Wage Tier Scale

Director Church provided a brief review of the current Wage Tier Scale. He reminded the Board that the tier scale was updated last year to help align pay rates with industry standards and that if the proposed rates are approved the scale will more than likely not need to be reviewed for 3 years. One staff member is approaching their 11 year anniversary and only a few other employees are near the top of the scale. A motion to adjust

percent for steps 12, 13, 14 and 15 at 4% was made by Vice Chair Terry Philibeck and supported by Treasurer Tammy Beal. **Motion carried 5 – 0.**

Discussion/Approval – 2023 Audit Agreement

A motion to approve the Smith & Klaczkiwicz, PC. engagement letter for the audit of the financial statements of the Howell Area Park and Recreation Authority for the year ending December 31, 2023, was made by Secretary Nikolas Hertrich and supported by Treasurer Tammy Beal. **Motion carried 5 – 0.**

Events and Programs Report

- I. Event & Programs:
 - a. Director Church provided an update on the various holiday events. Bad Santa Holiday Trivia is sold out with 25 teams registered and 21 teams on the waiting list. Approximately 300 letters to Santa recently went out in the mail. This event was sponsored by the Howell Chamber of Commerce and would not have been possible without Jordan and the help of many volunteers. Pictures with Santa and Santa's S.T.E.M. Workshop at the HIVE went very well.
 - b. Sponsorship & Marketing Updates:
 - i. Bob Maxey Proposal: A proposal for a Transit van to support Parks on the Go Program was sent to Bob Maxey Ford. A positive response was received and the details are being worked on. The agreement would be for a term of 4 years with the potential to continue the program or end the contract and keep the van.
 - ii. 2023 Impact Report: Data from the impact report will be used to tell HAPRA's.

Preventative Maintenance Report:

Nothing to report.

Directors Report

Director Church informed the Board that two new interns will be joining HAPRA in the New Year. Alana will be working with Nikki for 150 hours which will go towards her University of Michigan Degree. Andrew, a Central Michigan University graduate will be working with Jordan as the Facility Supervisor. He will be working 20 hours week as a volunteer and as a paid employee for 30 hours per week.

Board Member Reports

Secretary Nikolas Hertrich shared with the Board agenda items from the November 27, 2023, December 11th, 2023, and December 18, 2023, Howell City Council Meetings which included approval for purchase of various equipment needs, an update on Library Board Member Tony Kandt, the hiring of two new police officers, approval of various civic events, the reconfiguration of voting districts, and approval of Page Field and Bennett Center Lease Agreements

Vice Chair Terry Philibeck informed the Board that he had no update to provide for Oceola Township.

Treasurer Chair Tammy Beal shared with the Board that Township Hall will be under construction beginning 12/29/23 and an open house will follow.

Chair Diana Lowe informed the Board that during the December 18, 2023, Genoa Township Board of Trustees meeting, plans to develop the recently secured 90 acres and Herbst house were discussed and a contractor for the construction of additional parking and pickle balls courts was selected.

Howell Township Trustee Sue Daus did not have an update to provide.

Old Business

None

New Business

Director Church, Kevin Troshak, and Nikolas Hertrich recently met with Lake Trust Credit Union representatives at the HIVE to provide a tour of the facility, share a summary of the services provided, and discuss potential partnership opportunities.

Closed Session: Director's Annual Review

A motion to enter into closed session to discuss the Director's Annual Review was made by Treasurer Tammy Beal and supported by Vice Chair Terry Philibeck. **Roll Call Vote: Vice Chair: Terry Philibeck – Yes, Chair: Tammy Beal – Yes, Treasurer: Tammy Beal – Yes, Trustee: Sue Daus, Secretary: Nikolas Hertrich – Yes. Motion carried 5 – 0. Entered into closed session at 7:26 pm.**

Following the annual evaluation of the HAPRA Director a motion to exit closed session was made by Treasurer Tammy Beal and supported by Vice Chair Terry Philibeck. **Motion carried 5 – 0. Exited closed session at 8:49 pm.**

A motion to provide Director Church with a 4% raise was made by Treasurer Tammy Beal and supported by Secretary Nikolas Hertrich. **Motion carried 5 – 0.**

Next Meeting

Stakeholder Annual Meeting - Tuesday, January 16th, 2024, at 5:00 pm at Oceola Community Center.

Regularly Scheduled HAPRA Meeting - Tuesday, January 16th, 2024, at 7:00 pm at Oceola Community Center.

Adjournment:

A motion to adjourn the meeting was made by Vice Chair Terry Philibeck and supported by Treasurer Tammy Beal at 8:34 pm. **Motion carried 5-0**

Approved

Date

Respectfully Submitted by: Nikolas Hertrich, Secretary

DRAFT

*BOAA
Dec 2023*

HOWELL AREA PARKS AND
 RECREATION AUTHORITY
 1661 N LATSON RD
 HOWELL MI 48843-9007

NOTE: Our Privacy Notice has not changed. It is available on our website and will be mailed to you at no cost upon request by calling 734-662-1600. You may review our Privacy Notice at www.bankofannarbor.com/pdf/privacy/BankofAnnArborPrivacyNotice.pdf

COMMUNITY INTEREST ACCOUNT ACCOUNT 205138

DOCUMENTS-DEBITS: 61 CREDITS: 0 LAST STATEMENT 11/30/23 88,514.40
 AVG AVAILABLE BALANCE 67,821.74 91 CREDITS 53,852.42
 66 DEBITS 101,695.73
 THIS STATEMENT 12/29/23 40,671.09
 TOTAL DAYS IN STATEMENT PERIOD 12/01/23 THROUGH 12/29/23: 29

- - - - - DEPOSITS - - - - -					
REF #	DATE	AMOUNT	REF #	DATE	AMOUNT
	12/01	524.00		12/14	85.00
	12/07	29.00		12/14	108.00
	12/07	71.00		12/14	158.00
	12/07	151.00		12/14	252.00
	12/07	2,278.98		12/14	279.00
	12/07	4,661.50		12/14	816.00
				12/28	51.00
				12/28	167.00
				12/28	260.00
				12/28	1,377.00
				12/28	1,422.00

- - - - - OTHER CREDITS - - - - -					
DESCRIPTION				DATE	AMOUNT
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/01	10.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/01	1,093.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/01	1,179.00
TIVITY HEALTH	11302023	C	25942117	12/01	3,372.60
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	70.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	134.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	195.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	258.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	303.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	369.00

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HOWELL AREA PARKS AND

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COMMUNITY INTEREST ACCOUNT ACCOUNT 205138

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- - - - - OTHER CREDITS - - - - -

DESCRIPTION				DATE	AMOUNT
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	1,449.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	1,700.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/04	5,702.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/05	22.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/05	204.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/05	248.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/06	10.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/06	10.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/06	1,095.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/07	22.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/07	142.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/07	385.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/08	182.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/08	252.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/08	570.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	20.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	110.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	326.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	377.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	547.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	1,223.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/11	1,509.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/12	152.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/12	581.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/13	162.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/13	270.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/13	1,377.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/14	280.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/14	539.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/15	72.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/15	694.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/15	1,734.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	40.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	130.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	154.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	200.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	397.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	510.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	682.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/18	825.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/19	260.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/19	473.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/20	216.00
GLOBAL PAYMENTS	GLOBAL	DEP	8788240022289	12/20	594.00

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HOWELL AREA PARKS AND

COMMUNITY INTEREST ACCOUNT ACCOUNT 205138

OTHER CREDITS

DESCRIPTION	DATE	AMOUNT
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/20	799.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/21	54.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/21	122.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/21	1,002.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/22	70.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/22	300.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/22	997.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	36.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	100.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	181.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	392.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	492.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/26	775.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/27	150.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/27	631.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/28	289.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/28	340.00
INTEREST	12/29	49.34
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/29	110.00
GLOBAL PAYMENTS GLOBAL DEP 8788240022289	12/29	842.00

CHECKS

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
15175*12/12 720.00	15280 12/12 3,400.50	15302 12/29 368.20
15212*12/18 260.00	15281 12/08 220.00	15303 12/21 272.25
15230*12/05 300.00	15282 12/13 40.00	15304 12/26 1,145.00
15237*12/06 60.00	15283 12/12 160.00	15305 12/26 603.34
15245*12/04 80.00	15284 12/13 2,275.00	15306 12/21 240.75
15260*12/01 743.50	15285 12/21 2,133.00	15307 12/26 1,215.59
15263*12/12 54.95	15286 12/22 80.00	15308 12/21 360.50
15265 12/05 66.43	15287 12/15 37.98	15309*12/26 1,909.98
15266 12/12 1,088.50	15288 12/12 399.24	15313 12/22 18.50
15267 12/01 120.00	15289 12/11 180.00	15314 12/26 80.00
15268 12/13 1,547.13	15290 12/12 200.00	15315 12/19 80.00
15269 12/05 2,649.80	15291 12/13 118.00	15316 12/21 140.00
15270 12/06 1,155.00	15292 12/12 1,042.58	15317 12/26 360.48
15271 12/05 595.69	15293 12/14 475.00	15318 12/28 1,547.13
15272 12/06 180.00	15294 12/11 100.00	15319 12/29 389.51
15273 12/04 45.00	15295 12/12 120.00	15320 12/29 1,033.64
15274 12/13 98.85	15296 12/22 500.00	15321*12/29 242.05
15275 12/06 309.68	15297 12/26 80.00	15324 12/29 554.37
15276 12/07 1,700.00	15298 12/13 275.00	15325 12/28 4,319.16
15277 12/06 2,916.00	15299 12/26 531.54	
15278*12/05 500.00	15300*12/22 1,100.00	

(*) INDICATES A GAP IN CHECK NUMBER SEQUENCE
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ACCOUNT:
DOCUMENTS:

205138
61

PAGE: 4
12/29/2023

HOWELL AREA PARKS AND

COMMUNITY INTEREST ACCOUNT ACCOUNT 205138

- - - - - OTHER DEBITS - - - - -		
DESCRIPTION	DATE	AMOUNT
GLOBAL PAYMENTS GLOBAL STL 8788240022289	12/04	1,863.13
PAYCHEX EIB INVOICE X04911300000124	12/06	26,917.58
PAYCHEX-OAB INVOICE 05094900029987X	12/20	166.60
PAYCHEX EIB INVOICE X05094600001139	12/20	28,709.60
POSTALIA TDCPOSTAGE 106000988175	12/21	500.00

- - - - - I N T E R E S T - - - - -			
AVERAGE LEDGER BALANCE:	68,099.24	INTEREST EARNED:	49.34
AVERAGE AVAILABLE BALANCE:	67,821.74	DAYS IN PERIOD:12/01/23-12/29/23:	29
INTEREST PAID THIS PERIOD:	49.34	ANNUAL PERCENTAGE YIELD EARNED:	.92%
INTEREST PAID 2023:	1,723.75		

- - - - - DAILY BALANCE - - - - -					
DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
12/01	93,829.50	12/12	72,163.90	12/21	47,718.24
12/04	102,021.37	12/13	69,618.92	12/22	47,386.74
12/05	98,383.45	12/14	71,660.92	12/26	43,436.81
12/06	67,960.19	12/15	74,122.94	12/27	44,217.81
12/07	74,000.67	12/18	76,800.94	12/28	42,257.52
12/08	74,784.67	12/19	77,453.94	12/29	40,671.09
12/11	78,616.67	12/20	50,186.74		

MONEY MARKET CHECKING FOR ORGANIZATIONS ACCOUNT 820936

DOCUMENTS-DEBITS:	0	CREDITS:	0	LAST STATEMENT 11/30/23	82,879.35
AVG AVAILABLE BALANCE	82,879.35			1 CREDITS	36.22
				DEBITS	.00
				THIS STATEMENT 12/29/23	82,915.57
TOTAL DAYS IN STATEMENT PERIOD 12/01/23 THROUGH 12/29/23:					29

- - - - - OTHER CREDITS - - - - -		
DESCRIPTION	DATE	AMOUNT
INTEREST	12/29	36.22

- - - - - I N T E R E S T - - - - -			
AVERAGE LEDGER BALANCE:	82,879.35	INTEREST EARNED:	36.22
AVERAGE AVAILABLE BALANCE:	82,879.35	DAYS IN PERIOD:12/01/23-12/29/23:	29
INTEREST PAID THIS PERIOD:	36.22	ANNUAL PERCENTAGE YIELD EARNED:	.55%
INTEREST PAID 2023:	274.35		

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HOWELL AREA PARKS AND

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MONEY MARKET CHECKING FOR ORGANIZATIONS ACCOUNT 820936

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- - - - - DAILY BALANCE - - - - -

DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
12/29	82,915.57				

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STATEMENT SAVINGS - BUSINESS ACCOUNT 95076204

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DESCRIPTION	DEBITS	CREDITS	DATE	BALANCE
BALANCE LAST STATEMENT			11/30/23	100,713.49
INTEREST		96.02	12/29/23	100,809.51
BALANCE THIS STATEMENT			12/29/23	100,809.51

TOTAL DAYS IN STATEMENT PERIOD 12/01/23 THROUGH 12/29/23: 29

TOTAL CREDITS (1) 96.02
 TOTAL DEBITS (0) .00

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	100,713.49	INTEREST EARNED:	96.02
INTEREST PAID THIS PERIOD:	96.02	DAYS IN PERIOD:12/01/23-12/29/23:	29
INTEREST PAID 2023:	632.00	ANNUAL PERCENTAGE YIELD EARNED:	1.21%

**HOWELL AREA PARKS & RECREATION
AUTHORITY**

1661 N LATSON RD
HOWELL MI 48843-9007

MEMBER ID: 110099341

Statement Period

December 01, 2023 to December 31, 2023

Account Balances at a Glance

Total Savings **\$5,088.25**

Commercial Membership Savings

Account Number: 10006221590

Summary

Beginning Balance (12/01)	\$5,088.03
Deposits & Additions	\$0.00
Withdrawals	\$0.00
Interest	\$0.22
<hr/>	
Ending Balance (12/31)	\$5,088.25

Additional

Average Daily Balance	\$5,088.03
Annual % Yield Earned This Period	0.05%
Interest Paid Year-to-Date	\$2.58

Transactions

DATE	DESCRIPTION	AMOUNT	BALANCE
12/1/2023	Beginning Balance		\$5,088.03
12/29/2023	Eff. 12-31 Credit Interest/Dividend	\$0.22	\$5,088.25
12/31/2023	Ending Balance		\$5,088.25

You have the power of options.

Check your account balances or transfer funds anytime, anywhere with Text Banking or with the Lake Trust app, available on the App Store or on Google Play. Or set up alerts in Online Banking to get notifications about low balances, large deposits, or other activity on your account. Visit laketrust.org/managemyaccount to get started.

If you ever have a question or need help with your account, remember that we're here for you. Start a secure chat with us in Online Banking or give us a call at **888.267.7200**.



BLUE CROSS
BLUE SHIELD
OF MICHIGAN



Small Group Renewal Package

for

HOWELL AREA PARKS AND RECREATION

Customer ID: 419009

For Renewal Period Beginning: March, 2024

Publication Date: 11/09/2023

Rate Renewal Change

HOWELL AREA PARKS AND RECREATION

CID:	419009	Rate Effective:	3/1/2024
General Agency:	TGG Solutions		
Agent:	JOHN P SCHMITZ	Agency:	BURNHAM & FLOWER AGENCY

BCBSM Rate Renewal Change

Current Premium¹

Renewal Premium¹

Total Billable Members ²	3	3
Total Medical & Pharmacy Premium ³	\$1,461.74	\$1,540.04
Total Dental Premium	\$69.92	\$72.45
Total Vision Premium	\$15.47	\$15.60
Total Monthly Premium	\$1,547.13	\$1,628.09
Total Annual Premium	\$18,565.56	\$19,537.08

Projected Change in Monthly Premium **5.23%**

BCBSM Components of Rate Change

Components	Medical ³ & Pharmacy	Dental	Vision
Index to Current rate	4.21%	0.80%	-2.41%
Aggregate Product Differences	0.73%	1.31%	2.49%
Area	-0.99%	0.00%	0.00%
Age	1.37%	1.47%	0.82%
Age Factor Change	0.00%	0.00%	0.00%
Dependent Cap	0.00%	0.00%	0.00%
Total Rate Change	5.36%	3.62%	0.84%

1. Premiums are based on enrollment at the time of renewal development.

2. Count based on snapshot as of 11/9/2023.

3. Medical includes Pediatric Vision.

4. The figures reflect commercial plans only.

5. Percent changes due to members aging out of pediatric dental and/or members aging into adult vision plans are accounted for in the Aggregate Product Differences

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.

Benefit Summary Description

HOWELL AREA PARKS AND RECREATION

DIV: 007038237_0000

	Current Benefits	Renewal Compliant Benefit Conversion
Medical	Simply Blue HRA PPO Gold \$1500 (\$50) W/ Elective Abortion	2024 Simply Blue HRA PPO Gold Option 1 W/Elective Abortion
Deductible (individual) ¹	\$1500	\$1500
Coinsurance ¹	20%	20%
Office Visit Copay ¹	30 Copay	30 Copay
Emergency Room Copay ¹	150 Copay	150 Copay
Drug	\$20/\$60/\$100/20%/25%	\$20/\$60/\$100/20%/25%
Metal Level ¹	Gold	Gold
Dental	Blue Dental PPO SG 100/80/50 (80/50/50) \$1250	Blue Dental PPO 100/80/50 (80/50/50) 1250 SG
Annual Max ¹	\$1250	\$1250
Contribution Type	Non-Voluntary	Non-Voluntary
Vision	Blue Vision 12/12/12 \$5/\$10	Blue Vision 12/12/12 \$5/\$10
Contribution Type	Non-Voluntary	Non-Voluntary
Total Monthly Premium	\$1,547.13	\$1,628.09

For a more detailed description of benefits, please refer to the Agent Portal or contact your General Agency.²

1. BCBSM plans will display values to represent "in-Network"

2. BAAGs and SBCs can be found on the Agent Portal or by contacting your General Agency.

Reference Number: 284

Blue Cross Blue Shield of Michigan and Blue Care Network reserve the right to adjust rates if any of the assumptions or calculations used to develop the rates are incorrect.

Small Group Glossary



BLUE CROSS
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Age (Component of Rate Change)

This represents changes due to members aging since the prior renewal.

- Example: If a group has one member who aged from 21 to 22 since the prior renewal, and the age factors are 1.00 and 1.01, respectively, the percentage change due to age is 1%.

Age Factor

These factors are used to provide rates based on members' ages.

Age Factor Changes (Component of Rate Change)

This represents changes from the prior renewal period due to revisions to the age factors used to provide age-based member rates. Since the age factors used do not change often, this component's value is normally zero.

- Example: In 2018, CMS stipulated changes to child medical age bands that increased the age factors for members under 21. Groups that had a higher than average proportion of children less than 21 years had a positive percentage change for Age Factors.

Aggregate Product Differences (Component of Rate Change)

This represents the aggregate of changes to all benefits and/or product pricing relativity from the prior renewal period. This component also includes the rating impact of any plan benefit being mapped to Health Care Reform compliant products from the prior year. Changes due to members aging out of pediatric dental and/or members aging into adult vision plans are also included.

- Example: If projected claims cost increases compared to the prior year were higher for high deductible plans than for other plans, then this percentage will be positive for high deductible plans. If there is more than 1 plan per carrier, the change will be the aggregate change for all renewing plans of each carrier.

Area (Component of Rate Change)

This represents the change in area factors from the prior renewal period due to relatively higher or lower projected claims costs in a rating area.

- Example: This percentage will be positive for an area where projected claims cost increases were higher than average.

Billable Member

A subscriber, spouse, or eligible dependents of the subscriber entitled to benefits under the subscriber's certificate. Only the three oldest children under the age of 21 are included as billable members.

Dependent Cap (Component of Rate Change)

This component represents the effect of children turning 21 for the upcoming renewal when other children were not Billable Members for the prior renewal.

- Example: A family with four children under the age of 21 on their prior renewal would have only been charged for the three oldest children. If one of the children is 21 for the upcoming renewal, the family premium will include rates for all 4 children, and this component will be positive.



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Full Time Equivalent (FTE)

A method to count employees that determines the group size, using an average count from each month of the prior calendar year. Employees working 120 hours or more in a month each count as one full-time employee, while employees working less than that are pro-rated. The average is rounded down to the nearest whole number. Seasonal employees working fewer than 120 days per year and employees who have medical coverage under TRICARE or certain Veterans Administration programs are excluded from this count.

Index to Current Rate (Component of Rate Change)

This represents the overall change of rate levels from the prior renewal period. Trends, and their favorable/unfavorable results, are reflected in this component.

- Example: If the overall pool is expected to see increased claims costs from the prior year, then this percentage will be positive.

Rating Area

A group's rating area will be determined based on the employer's primary Michigan location.

Renewal Compliant Benefit

Health Care Reform regulations require all small groups have Health Care Reform compliant products. Small Groups will be mapped to Health Care Reform compliant products at each renewal.

Small Group Rating Type

Groups with a count of 50 or fewer FTEs and with at least one eligible employee enrolling.

Summary of Benefits and Coverage (SBC)

Document available to subscribers describing their covered benefits, cost sharing, and coverage limitations and exceptions.



Your Journey to Medicare — Insurance Folio for Retiring Employees

Medicare essentials when transitioning from group to individual Medicare.

You're retiring soon; so what's next?

We've written this folio for you, one of the valued members of our Blue Cross family.

As you near retirement and leave your employer's insurance plan, you might have questions about your future health care coverage, like:

- What are my options?
- What steps do I need to take to make sure my family members are covered?
- What if I'm not yet eligible for Medicare?

The good news is that Blue Cross Blue Shield of Michigan is your trusted partner in helping you through this process. Ask us anything. This folio was designed to break things down so you can make sure you're ready for what's ahead.

We've also created a call center for those transitioning from group coverage to individual Medicare coverage. Anytime you have questions about your Medicare options while reading through this folio, call us at [1-855-996-1788](tel:1-855-996-1788), 8 a.m – 9 p.m. Monday through Friday, with weekend hours October 1 – March 31. Or, contact a Blue Cross-authorized, independent agent.

In addition to providing steps to help guide you in keeping covered through retirement, we've created a place to help guide you into your next phase of life without worry: [Blumedicare4me.com/folio](https://blumedicare4me.com/folio).

Our goal is to put your health first by putting you first when transitioning from your current group coverage to an individual plan.





Community BlueSM PPO and Community BlueSM HRA PPO

Premium plans, low out-of-pocket costs, prescription drug coverage and essential health benefits that attract and keep talented employees



Plan features

- Comprehensive health benefits and value
- Option to pair Community Blue PPO with an HRA account that you fund for employee out-of-pocket health care expenses; any unused funds remain in the account at year-end
- Some of the lowest deductibles and out-of-pocket expenses available in the market
- Multiple deductible options with out-of-pocket maximums
- 10%, 20% or 30% in-network coinsurance levels
- Multiple copay tiers for primary care visits, specialists, urgent care and emergency room visits
- **New:** Members can choose virtual or in-person office visits for primary care
- Lower out-of-pocket costs when using an in-network provider
- 100% coverage of essential, preventive care health benefits
- Integrated, three-tier pharmacy plan with low copays for generic medications
- Pediatric vision benefits

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM value solutions help you tackle your small business health care challenges and maximize your bottom line. We want your employees to be healthy in body *and* mind, so you'll get a complete benefits package.

GO BEYOND THE BASICS

Extend coverage to the whole family with dental, adult vision and financial protection plans. Your workforce values the total package.

Single, in network

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/specialist/urgent care/emergency room	Prescription drug tiers
Community Blue PPO							
2024 Community Blue PPO Platinum Option 1	\$0	20%	\$3,000	\$9,100	\$0	\$30/\$40/\$60/\$250	\$10/\$50/\$100
2024 Community Blue PPO Platinum Option 2	\$250	20%	\$4,000	\$9,100	\$0	\$20/\$30/\$60/\$150	\$5/\$40/\$100
2024 Community Blue PPO Platinum Option 3	\$500	20%	\$2,000	\$8,700	\$0	\$20/\$30/\$60/\$150	\$10/\$40/\$100
2024 Community Blue PPO Platinum Option 4	\$1,000	10%	\$3,000	\$7,350	\$0	\$10/\$20/\$60/\$150	\$10/\$40/\$100
2024 Community Blue PPO Gold	\$1,500	30%	\$6,000	\$9,450	\$0	\$30/\$50/\$60/\$250	\$15/\$30/\$60
Community Blue HRA PPO							
2024 Community Blue HRA PPO Platinum	\$1,500	20%	\$4,000	\$6,350	\$300	\$20/\$20/\$60/\$150	\$5/\$40/\$80
2024 Community Blue HRA PPO Gold	\$5,500	30%	N/A	\$8,700	\$0	\$40/\$40/\$60/\$250	\$15/\$30/\$60

Still have questions? Contact your Blue Cross sales representative or contracted agent, or visit bcbsm.com/employers.





Self-funded health care

Not just for large businesses



It could be right for your business

If you're considering this type of funding arrangement, and you're willing to assume more financial responsibility for the possibility of cost savings, we can help you assess the costs you're likely to face.

How we make self-funding work for you

There are several advantages your business will enjoy by self-funding with us, including:

Cash flow advantage: In the first two months of invoicing, we collect only a portion of the advance deposit and any minimal claims.

Financial protection: Specific stop-loss coverage safeguards your organization from catastrophic claims.

Full-service administration: All-inclusive administration is provided, including claims processing, dedicated sales representatives, customer service, enrollment and member ID cards.

Access to the largest global network: More in-network claims result in better discounts and savings.

Reporting data: Cost and utilization reports help plan for claim costs, track trends and find opportunities for benefit plan and service efficiencies.

Dedicated health support: Help your employees get healthy, stay healthy and manage their conditions better with Blue Cross Health & Well-BeingSM.

Features

- Comprehensive health benefits and value
- Attractive PPO plans with some of the lowest deductibles and out-of-pocket costs for employees
- 0%, 20% or 30% in-network coinsurance levels
- Multiple copay tiers for office visits and specialists, urgent care and emergency room visits
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with various copayment tiers
- Pediatric vision benefits

Smarter, Better HealthcareSM medical plans

We offer a flexible portfolio of 11 PPO medical plan products to suit your unique business, budget and employee health care needs.

Health plan	In-network deductible	In-network coinsurance	Embedded coinsurance maximum	In-network, out-of-pocket maximum	Copay tiers: primary care/specialist/urgent care/emergency room
Community Blue SM \$250/20%	\$250	20%	\$1,000	\$8,150	\$20/\$20/\$20/\$150
Community Blue SM \$500/20%	\$500	20%	\$1,500	\$8,150	\$20/\$20/\$20/\$150
Simply Blue SM PPO \$500/20%	\$500	20%	\$2,500	\$8,150	\$20/\$40/\$60/\$250
Simply Blue SM PPO \$1000/20%	\$1,000	20%	\$2,500	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM PPO \$1500/20%	\$1,500	20%	\$2,500	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM PPO \$2000/20%	\$2,000	20%	\$2,500	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM PPO \$2500/20%	\$2,500	20%	\$2,500	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM PPO \$3000/20%	\$3,000	20%	\$2,500	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM PPO \$4000/30%	\$4,000	30%	N/A	\$8,150	\$30/\$50/\$60/\$250
Simply Blue SM HSA PPO \$1600/0%*	\$1,600	0%	N/A	\$4,000	N/A
Simply Blue SM HSA PPO \$3200/20%**	\$3,200	20%	N/A	\$6,900	N/A

*Aggregate deductible and OOPM. With aggregate deductible, one person on a family contract can potentially fulfill the entire family's deductible.

**Embedded deductible and OOPM. With an embedded deductible, member cost sharing is limited to the individual level. A member on the contract can fulfill only the individual requirements.

GO BEYOND THE BASICS

Create a total benefits package for your workforce with a dental and vision plan to help improve the overall health of your employees and their families while lowering your costs. These dental and vision plans provide excellent coverage and are available with our self-funding option:

Dental plans:

Blue DentalSM PPO Plus
100/80/50/50 1250 DBC

Blue DentalSM PPO Plus
100/80/50 1250 DBC

Vision plans:

Blue VisionSM
Voluntary
12-12-12

Reduce costs, improve care with Blues RxSM

You gain significant cost savings with our pharmacy benefits fully integrated into your health plan. It's a great value considering pharmacy is your employees' most used benefit. You and your employees can count on:

- Combined pharmacy and clinical expertise with the value you depend on
- Convenience with one ID card and one central point of contact for both medical and pharmacy benefits
- Easy access to 95% of pharmacies in Michigan and more than 65,000 nationwide
- Maximized savings with a generic drug dispensing rate of more than 89%
- Mail order and 90-day retail fills that save employees out-of-pocket costs
- Best-in-class management of high-cost specialty drugs through an optional arrangement with AllianceRx Walgreens Pharmacy

You'll choose one plan from either the *Custom Select Drug List* or the *Custom Drug List*.

Custom Drug List

Offers employees a flexible choice for brand or generic medications. If there's a drug that has a generic equivalent, the employee is allowed to choose the brand drug, but it falls in the higher cost nonpreferred copay tier. Weight loss, sexual health and infertility medications are covered.

Custom Select Drug List

Keeps cost containment in mind. If there's a generic medication available, its brand version isn't covered. Weight loss, sexual dysfunction and infertility medications aren't covered.

Both lists have plans with these copayment options:

Drug plan	Copayment tier				
	Generic	Preferred	Nonpreferred	Preferred specialty	Nonpreferred specialty
	\$10	\$40	\$80	N/A	N/A
	\$15	\$50	50% \$70 minimum \$100 maximum	N/A	N/A
	\$20	\$60	50% \$80 minimum \$100 maximum	20% \$200 maximum	25% \$300 maximum

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM solutions help you tackle your small business health care challenges and maximize your bottom line. We want your employees to be healthy in body *and* mind, so you'll get a complete benefits package.

Still have questions?

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or contracted agent, or visit bcbsm.com/employers.



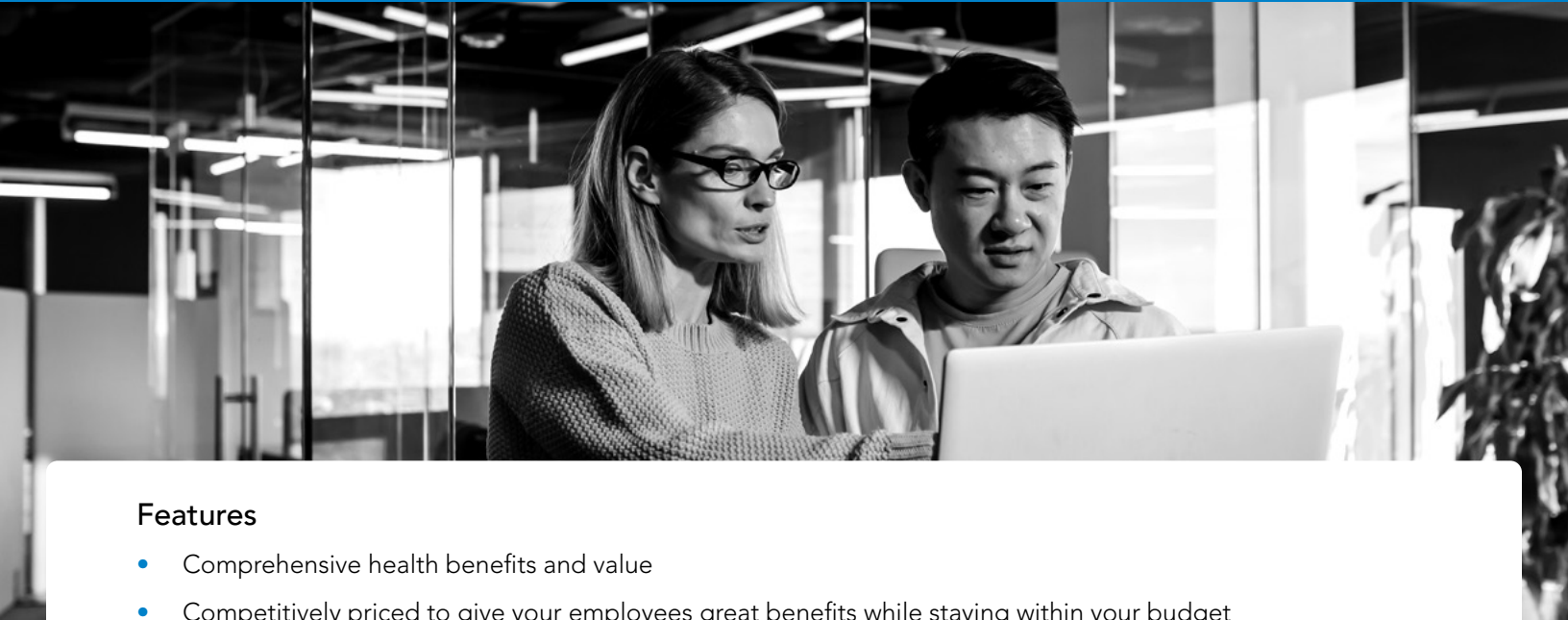
**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

AllianceRx Walgreens Pharmacy is an independent company that provides specialty pharmacy services for Blue Cross Blue Shield of Michigan and Blue Care Network.



Simply BlueSM PPO

A traditional PPO with options to stretch your health care dollars



Features

- Comprehensive health benefits and value
- Competitively priced to give your employees great benefits while staying within your budget
- Many options to choose from, including:
 - Multiple deductible, copayment and coinsurance tiers
 - Employer-paid health reimbursement arrangement plans to help employees lower their costs while saving your money
 - High-deductible plans paired with a health savings account where pretax money is set aside by you and employees for managing out-of-pocket costs
 - Simply Blue Routine CareSM PPO plan that saves costs for you while covering routine medical services, such as visits to primary care providers and generic medications with a copay
 - Flexible spending accounts where employees fund their out-of-pocket medical expenses with pretax dollars through payroll deduction
- **New:** Members can choose virtual or in-person office visits for primary care
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers
- Pediatric vision benefits

THE BLUE CROSS DIFFERENCE

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GO BEYOND THE BASICS

Extend coverage to the whole family with dental, adult vision and financial protection plans. Your workforce values the total package.

Single, in network							
Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/specialist/urgent care/emergency room	Prescription drug tiers
Simply Blue PPO							
2024 Simply Blue PPO Platinum	\$250	20%	\$1,000	\$6,600	\$0	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
2024 Simply Blue PPO Gold Option 1	\$500	30%	\$5,000	\$8,150	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 2	\$1,000	20%	\$5,000	\$8,150	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 3	\$1,500	20%	\$4,000	\$8,150	\$0	\$30/\$50/\$60/\$250	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 4	\$2,000	20%	N/A	\$7,350	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 5	\$2,500	20%	N/A	\$7,000	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 6	\$3,000	20%	N/A	\$7,000	\$0	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%/25%
2024 Simply Blue PPO Gold Option 7	\$4,000	20%	N/A	\$7,000	\$0	\$30/\$50/\$60/\$150	\$15/\$50/\$100/20%/25%
2024 Simply Blue PPO Silver	\$4,000	50%	N/A	\$9,450	\$0	\$40/\$70/\$70/\$350	\$25/\$75/\$175/20%/25%
Simply Blue HRA PPO							
2024 Simply Blue HRA PPO Platinum	\$5,000	30%	N/A	\$6,350	\$2,500	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%/25%
2024 Simply Blue HRA PPO Gold Option 1	\$1,500	20%	\$4,000	\$9,100	\$50	\$30/\$50/\$60/\$150	\$20/\$60/\$100/20%/25%
2024 Simply Blue HRA PPO Gold Option 2	\$2,000	20%	N/A	\$9,100	\$50	\$40/\$50/\$60/\$250	\$20/\$60/\$125/20%/25%
2024 Simply Blue HRA PPO Gold Option 3	\$4,000	20%	N/A	\$9,100	\$450	\$30/\$50/\$60/\$250	\$20/\$60/\$125/20%/25%

Single, in network						
Health plan	Deductible	Coinsurance	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/specialist/urgent care/emergency room	Prescription drug tiers
Simply Blue HSA PPO						
2024 Simply Blue HSA PPO Gold Option 1*	\$1,600	20%	\$4,500	\$0	Deductible/coinsurance	Ded.&\$20/\$60/\$150/20%/25%
2024 Simply Blue HSA PPO Gold Option 2*	\$2,500	0%	\$4,500	\$0	Deductible/coinsurance	Ded.&\$20/\$60/\$150/20%/25%
2024 Simply Blue HSA PPO Gold Option 3**	\$3,200	0%	\$3,200	\$0	Deductible/coinsurance	Deductible
2024 Simply Blue HSA PPO Silver Option 1**	\$3,200	20%	\$7,500	\$0	Deductible/coinsurance	Ded.&\$15/\$50/\$150/20%/25%
2024 Simply Blue HSA PPO Silver Option 2**	\$4,500	0%	\$7,000	\$0	Deductible/coinsurance	Ded.&\$20/\$60/\$150/20%/25%
2024 Simply Blue HSA PPO Bronze**	\$7,500	0%	\$7,500	\$0	Deductible/coinsurance	Deductible
Simply Blue Routine Care PPO						
2024 Simply Blue Routine Care PPO Silver	\$3,500	30%	\$9,100	\$0	\$30/ded. & coinsurance/\$30/ded. & coinsurance	\$15/ded.&\$50/\$100/20%/25%
2024 Simply Blue Routine Care PPO Bronze	\$9,450	0%	\$9,450	\$0	\$40/ded. & coinsurance/\$40/ded. & coinsurance	\$25/ded. & 0%

*Aggregate deductible and OOPM. With aggregate deductible, one person on a family contract can potentially fulfill the entire family's deductible.
 **Embedded deductible and OOPM. With an embedded deductible, member cost sharing is limited to the individual level. A member on the contract can fulfill only the individual requirements.

Still have questions?

Contact your Blue Cross sales representative
or contracted agent, or visit bcbsm.com/employers.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan



Routine Care PPO and HMO

Offers the advantages of a classic PPO or HMO plan with the added cost savings of a higher-deductible plan



Plan features

- Comprehensive health benefits and value
- Standard primary care office visits, urgent care and generic drugs are covered with a copayment and aren't subject to the deductible
- Helps reduce employee out-of-pocket costs
- **New:** Members can choose virtual or in-person office visits for primary care
- For HMO plans, employees select a Blue Care Network primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures
- All other benefits paid after the deductible is met to help lower employer plan costs
- Embedded single deductible for family contracts only
- HMO plans have no deductible, copay or coinsurance for laboratory services
- 100% coverage of essential, preventive care health benefits
- Integrated medical and pharmacy prescription drug coverage, so drug out-of-pocket costs accumulate toward the out-of-pocket maximum
- Pediatric vision benefits

THE BLUE CROSS DIFFERENCE

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GO BEYOND THE BASICS

Extend coverage to the whole family with dental, adult vision and financial protection plans. Your workforce values the total package.

Simply BlueSM Routine Care PPO

Single, in network						
Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Copay tiers: primary care/specialist/urgent care/emergency room	Prescription drug tiers
2024 Simply Blue Routine Care PPO Silver	\$3,500	30%	N/A	\$9,100	\$30/ded. & coinsurance/\$30/deductible/coinsurance	\$15/ded. & \$50/\$100/20%/25%
2024 Simply Blue Routine Care PPO Bronze	\$9,450	0%	N/A	\$9,450	\$40/ded. & coinsurance/\$40/deductible/coinsurance	\$25/ded. & 0%

BCN Routine CareSM HMO

Single, in network						
Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Copay tiers: PCP office visit/specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN Routine Care Silver	\$4,000	30%	N/A	\$9,100	\$30/ded. & coinsurance/\$30/ded. & coinsurance	\$6/\$25/\$60/\$80/20%/20%*
2024 BCN Routine Care Bronze	\$9,450	0%	N/A	\$9,450	\$40/ded./\$40/ded.	\$15/\$40/ded.*

*Deductible applies to all prescriptions except preferred generics and generics, which are covered at the applicable copay.

Still have questions? Contact, your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.





BCN HMOSM

Cost-conscious plans above and beyond traditional HMOs



Plan features

- Affordable, comprehensive health benefits and value from Blue Care Network
- Competitive premium with a wide variety of plan choices to meet your specific needs with the flexibility and protection your employees want
- Many deductible, copayment, coinsurance, coinsurance maximum and out-of-pocket maximum levels
- No-deductible options
- PCP Focus — An option that can save you up to an additional 9% on premiums — Employees choose a primary care provider from a tailored PCP Focus network to provide and coordinate all their care*
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage
- Pediatric vision benefits
- Employees select a BCN primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM value solutions help you tackle your small business health care challenges and maximize your bottom line. We'll deliver a complete health care package so your employees can be healthy in mind *and* body.

GO BEYOND THE BASICS

Create a total benefits package for your workforce. Extend coverage to the whole family with our dental, adult vision and financial protection plans.

*PCP Focus network is available to employers with at least one location in these counties: Bay, Calhoun, Clinton, Eaton, Genesee, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Van Buren, Washtenaw, Wayne.

The PCP Focus primary care provider network is separate from the BCN HMO network of PCPs. Employees can use bcbasm.com's Find a Doctor tool and select Blue Care Network PCP Focus Network (HMO) as the plan to see the list of available PCP Focus PCPs.

Single, in network						
Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Copay tiers: PCP office visit/specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN Platinum Option 1	\$0	10%	\$1,000	\$5,000	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Platinum Option 2	\$0	20%	\$1,000	\$6,600	\$25/\$35/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Gold	\$0	30%	N/A	\$9,450	\$40/\$60/\$60/\$250	\$15/\$40/\$80/\$100/20%/20%
2024 BCN Platinum	\$500	0%	N/A	\$1,500	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN PCP Focus Platinum	\$500	0%	N/A	\$1,500	\$20/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Gold Option 1	\$500	20%	\$5,000	\$9,100	\$30/\$50/\$50/\$350	\$15/\$40/\$80/\$100/20%/20%
2024 BCN Gold Option 2	\$1,000	20%	\$3,500	\$8,150	\$20/\$40/\$50/\$250	\$15/\$40/\$80/\$100/20%/20%
2024 BCN PCP Focus Gold Option 2	\$1,000	20%	\$3,500	\$8,150	\$20/\$40/\$50/\$250	\$15/\$40/\$80/\$100/20%/20%
2024 BCN Gold Option 3	\$1,500	20%	\$2,500	\$8,150	\$20/\$40/\$50/\$250	\$10/\$30/\$60/\$80/20%/20%
2024 BCN PCP Focus Gold Option 3	\$1,500	20%	\$2,500	\$8,150	\$20/\$40/\$50/\$250	\$10/\$30/\$60/\$80/20%/20%
2024 BCN Gold Option 4	\$2,000	20%	\$2,000	\$9,100	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
2024 BCN PCP Focus Gold Option 4	\$2,000	20%	\$2,000	\$9,100	\$20/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
2024 BCN Gold Option 5	\$2,500	20%	\$2,000	\$7,350	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN PCP Focus Gold Option 5	\$2,500	20%	\$2,000	\$7,350	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Gold Option 6	\$3,000	20%	\$3,000	\$8,150	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN PCP Focus Gold Option 6	\$3,000	20%	\$3,000	\$8,150	\$30/\$50/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Gold Option 7	\$4,000	10%	\$3,000	\$9,100	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN PCP Focus Gold Option 7	\$4,000	10%	\$3,000	\$9,100	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN Silver	\$5,000	30%	N/A	\$9,100	\$40/\$60/\$60/\$350	\$15/\$40/\$80/\$150/20%/20%
2024 BCN PCP Focus Silver	\$5,000	30%	N/A	\$9,100	\$40/\$60/\$60/\$350	\$15/\$40/\$80/\$150/20%/20%

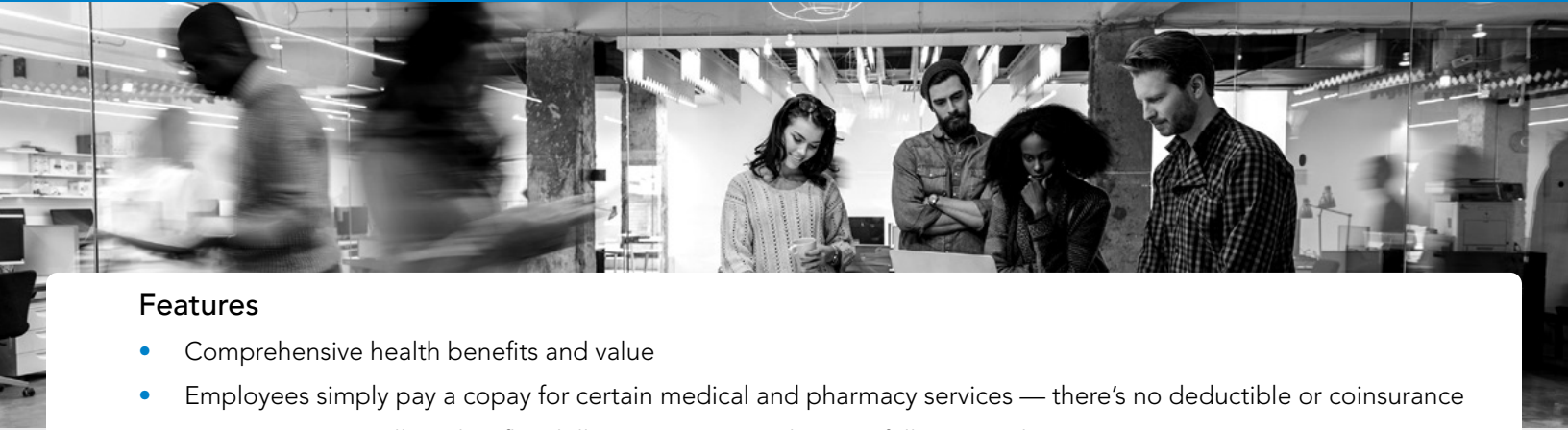
For more information on BCN HMO, contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.





BCN HMO Fixed CostSM

Simple copay-only plan. Clears confusion about costs with no deductible or coinsurance.



Features

- Comprehensive health benefits and value
- Employees simply pay a copay for certain medical and pharmacy services — there’s no deductible or coinsurance
- Certain services will apply a flat-dollar copay or are otherwise fully covered
- Copay amounts are based on the type and place of service*
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage
- Pediatric vision benefits
- Employees select a Blue Care Network primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM solutions help you tackle your small business health care challenges and maximize your bottom line. We want your employees to be healthy in body *and* mind, so you’ll get a complete benefits package.

GO BEYOND THE BASICS

Extend coverage to the whole family with dental, adult vision and financial protection plans. Your workforce values the total package.

Health plan	Single, in network					
	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Copay tiers: PCP office visit/specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN Fixed Cost Platinum	\$0	0%	N/A	\$4,000	See benefit documents for services that require copays, and the amounts	\$4/\$15/\$40/ \$80/\$200/\$300
2024 BCN Fixed Cost Gold				\$8,500		\$15/\$40/\$80/\$100/ \$200/\$300

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



*The Certificate of Coverage and applicable riders detail which services require copays and the amounts.



BCN Virtual Primary CareSM HMO

Connects your employees to fast, convenient primary care where and when they need it



Features

- Comprehensive health benefits and value from Blue Care Network
- Greater convenience for employees with prompt virtual access to board-certified primary, urgent and behavioral health care providers — through Doctor On Demand by Included Health[®]
- Complete care continuity drives savings and prevents unnecessary medical spend
- Diverse provider options and 24/7 access to suit your employees' personal preferences
- Visit options include phone call, in-app messaging, video or in-person care when needed — it's the best of both worlds
- Dedicated care team refers employees to in-network specialists and services
- Primary care kits for measuring vitals, and kits for asthma, diabetes, hypertension and chronic kidney disease
- 100% coverage of essential, preventive care health benefits and no or low copays for virtual primary, urgent and behavioral health care visits
- Integrated prescription drug coverage
- Pediatric vision benefits

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Extend coverage to the whole family with dental, adult vision and financial protection plans. Your workforce values the total package.

Single, in network

Plan name	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Virtual or in-office copay tiers: PCP visit/specialist/urgent care/emergency room*	Prescription drug tiers**
2024 BCN Virtual Primary Care Platinum	\$500	0%	N/A	\$4,000	N/A	\$0/\$30/\$30/\$150	\$6/\$25/\$60/\$80/20% (\$200)/20% (\$300)
2024 BCN Virtual Primary Care Gold Option 1	\$1,000	30%	N/A	\$9,100		\$0/\$60/\$60/\$150	\$5/\$20/\$80/\$150/20% (\$300)/20% (\$500)
2024 BCN Virtual Primary Care Gold Option 2	\$2,000	30%	\$4,000	\$9,100		\$5/\$60/\$60/\$150	\$5/\$20/\$80/\$150/20% (\$300)/20% (\$500)
2024 BCN Virtual Primary Care Silver	\$8,000	20%	N/A	\$9,450		\$10/\$60/\$60/\$350	\$15/\$40/\$80/\$150/20% (\$300)/20% (\$500)

*The PCP copay will apply to any service billed by Included Health, including urgent care provided by Included Health.

**Custom Select Drug List; includes mail-order prescription drugs at three-times the copay minus \$10 for a 90-day supply and contraceptives

Notes

BCN Virtual Primary Care HMO must be offered alongside another PPO, HMO*** or POS health plan so employees have the option to choose either virtual or traditional in-person primary care visits for the plan year. Employees who choose a plan with traditional in-person benefits won't have access to your group's Virtual Primary Care plan benefits. Employees who choose the Virtual Primary Care plan won't have access to your traditional in-person primary care benefits.

Members ages 18 and older have a Doctor On Demand PCP and members under 18 years old have an in-person BCN-participating PCP.

***Includes PCP Focus; excludes Healthy Blue LivingSM HMO

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



Doctor On Demand by Included Health Inc. is an independent company contracted by Blue Care Network to provide acute care, behavioral health care services and primary care services to BCN members.



Healthy Blue LivingSM HMO

Wellness incentive offers affordable care and premium savings over comparable health plans



Features

- Innovative, comprehensive health benefits and value
- Rates that compare favorably to traditional health care plans with similar coverage
- Employers save up to 10% on premiums
- Employees pay less out of pocket for taking an active role in their health and completing wellness-related tasks
- Multiple deductible options
- Member support and resources to control blood pressure, blood sugar, cholesterol, depression, tobacco use and weight
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage
- Pediatric vision benefits
- Employees select a Blue Care Network primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures



Accountability for well-being and a commitment to healthy living lowers out-of-pocket costs.



Better health can reduce absenteeism, improve productivity and lower long-term medical costs.



When members improve their health, everyone wins.

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Single, in network

Health plan		Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Copay tiers: PCP office visit/ specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN Healthy Blue Living Platinum	Enhanced	\$500	0%	N/A	\$2,000	\$10/\$30/\$35/\$150	\$4/\$15/\$40/\$80/20%/20%
	Standard	\$1,250	20%	N/A	\$4,000	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
2024 BCN Healthy Blue Living Gold Option 1	Enhanced	\$1,000	20%	\$3,500	\$8,150	\$30/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	Standard	\$3,000	30%	\$4,000	\$8,150	\$40/\$60/\$60/\$250	\$15/\$40/\$60/\$80/20%/20%
2024 BCN Healthy Blue Living Gold Option 2	Enhanced	\$1,500	20%	\$2,500	\$6,600	\$30/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
	Standard	\$4,000	30%	N/A	\$6,600	\$40/\$60/\$60/\$250	\$10/\$30/\$60/\$80/20%/20%
2024 BCN Healthy Blue Living Gold Option 3	Enhanced	\$2,000	20%	\$1,000	\$6,600	\$30/\$40/\$50/\$150	\$10/\$30/\$60/\$80/20%/20%
	Standard	\$4,000	30%	\$2,000	\$6,600	\$40/\$60/\$60/\$250	\$15/\$40/\$60/\$80/20%/20%

Notes

This health plan has two benefit levels: enhanced and standard. Your employees start at the enhanced level with lower out-of-pocket costs. The standard level has higher out-of-pocket costs.

To stay in the enhanced level, employees need to complete a personal online health assessment and visit their primary care provider and ask them to submit the qualification form to us. Employees have the first 90 days of their plan year to do both tasks. Depending on their current health status, they may also need to comply with additional tasks designated by BCN. The annual requirements are relaxed for renewing members who scored "A" grades on their most recent qualification forms. Frequency varies by age of the renewing member with A grades.

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.





Blue Elect PlusSM POS and Blue Elect Plus HSASM POS

Smart point-of-service options with the affordability and managed care of an HMO and flexibility of a PPO



Features

- Comprehensive health benefits and value
- Freedom from needing referrals in or out of network
- Coverage for employees who live in or outside of Michigan, unlike many other HMO-style plans
- Access to in-network providers outside of Michigan through BlueCard[®] Traditional participating providers
- Flexible provider and cost choices — It's up to your employees to decide what works best; to pay the least for in-network providers or more for out-of-network providers
- Plans available that combine Blue Elect Plus with an HSA-qualified high-deductible health plan, giving employees the flexibility to use money in their accounts to pay for qualified medical expenses
- 100% coverage of essential, preventive care health benefits when received from in-network providers
- Integrated prescription drug coverage
- Pediatric vision benefits
- Employees enrolled with a Michigan address must select a Blue Care Network primary care provider; employees enrolled with an address outside Michigan don't need an assigned primary care provider

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Single, in network

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: PCP office visit/ specialist/urgent care/emergency room	Prescription drug tiers
Blue Elect Plus POS							
2024 Blue Elect Plus POS Gold Option 1	\$500	30%	\$5,000	\$9,100	N/A	\$30/\$50/\$50/\$350	\$10/\$30/\$60/ \$80/20%/20%
2024 Blue Elect Plus POS Gold Option 2	\$1,000	20%	\$5,000	\$9,100	N/A	\$30/\$50/\$50/\$250	\$10/\$30/\$60/ \$80/20%/20%
2024 Blue Elect Plus POS Gold Option 3	\$2,000	20%	N/A	\$7,350	N/A	\$30/\$50/\$50/\$250	\$15/\$40/\$80/ \$100/20%/20%
2024 Blue Elect Plus POS Gold Option 4	\$3,000	20%	N/A	\$7,350	N/A	\$30/\$50/\$50/\$250	\$15/\$40/\$80/ \$100/20%/20%
Blue Elect Plus HSA POS							
2024 Blue Elect Plus HSA POS Gold Option 1*	\$1,600	20%	N/A	\$4,500	\$0	Deductible/ coinsurance	\$10/\$30/\$60/ \$80/20%/20%
2024 Blue Elect Plus HSA POS Gold Option 2*	\$2,500	0%	N/A	\$4,500	\$0	Deductible	\$15/\$40/\$80/ \$100/20%/20%
2024 Blue Elect Plus HSA POS Silver**	\$3,200	20%	N/A	\$7,500	\$0	Deductible/ coinsurance	\$6/\$25/\$60/ \$80/20%/20%
2024 Blue Elect Plus HSA POS Bronze**	\$7,500	0%	N/A	\$7,500	\$0	Deductible	Deductible

*Aggregate deductible and OOPM

**Embedded deductible and OOPM

Network notes

In-network providers are BCN-participating providers in Michigan and BlueCard Traditional participating providers who are based outside Michigan. Members should refer to their *Certificate of Coverage* and riders to see what BCN will pay for when traveling or call Customer Service for details.

Out-of-network providers in Michigan don't participate with BCN. Providers outside Michigan who don't participate with a BlueCard Traditional plan also are considered out of network. Members may get care from out-of-network providers, but they'll pay more. Out-of-network providers may bill members the difference between our payment and their charges; the member is responsible for that amount. Some out-of-network providers require members to pay for services in full and then seek reimbursement for BCN's share of the cost.

Employees with a Michigan address must select a BCN primary care provider. However, they have the option to seek care from other providers and specialists without a referral. Employees living outside of Michigan don't need an assigned PCP or referrals; they just need to see a BlueCard Traditional provider who's based outside Michigan for in-network benefits.

Even though a referral isn't required, certain in- and out-of-network services require prior authorization by BCN for BCN to pay its share, such as hospitalization, certain radiology services and outpatient therapy.

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



Blue Care Network
of Michigan



2024

50 or fewer full-time equivalent employees | fully insured groups



Consumer-directed health care plans

Cuts costs while maintaining the rich benefits that attract and retain employees



Consumer-directed health care plans

Features

- A full range of integrated products that combine comprehensive benefits and value with three different types of health care spending accounts available
- Unmatched provider access close to home and across the country
- Ability for employees to manage the money they spend and save on medical expenses
- Automated enrollment and eligibility with debit cards* for most health plan types
- Dedicated customer service from spending account specialists 24/7*
- **New:** Members can choose virtual or in-person office visits for primary care
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers
- Pediatric vision benefits



Health savings account

Employees set aside pretax money to pay for qualified medical expenses.

Employers may also contribute to the HSA to help grow employee savings.



Health reimbursement arrangement

Employers set aside money for employees to use to pay for qualified medical expenses.



Flexible spending account

Employees set aside pretax money to pay for qualified medical expenses.

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*Doesn't apply to BCN HRASM HMO.

Community BlueSM HRA PPO

Maximize your benefits budget while giving your employees flexible PPO coverage. Paired with a health reimbursement arrangement, it helps your employees manage their out-of-pocket costs.

- Multiple deductible options with out-of-pocket maximums
- Freedom to choose from the largest network of doctors and 100% of acute care hospitals in Michigan
- Multiple copay tiers for office visits and specialists, urgent care and emergency room visits
- Lower out-of-pocket costs when using an in-network provider
- You set aside money in the HRA for employees' health care expenses and own the account
- **New:** Members can choose virtual or in-person office visits for primary care
- You choose which qualified medical expenses are covered
- Can also be paired with an FSA (limited purpose, dependent care, full medical or all three)
- 100% coverage of essential, preventive care health benefits
- Integrated, three-tier prescription drug plan with low copays for generic medications
- Pediatric vision benefits

HSA medical plans

Simply BlueSM HSA PPO
 BCN HSASM HMO
 Blue Elect Plus HSASM POS

HRA medical plans

Community BlueSM HRA PPO
 Simply BlueSM HRA PPO
 BCN HRASM HMO

FSA medical plans

All Blue Cross PPO plans including stand-alone Blue DentalSM, Blue VisionSM and Essential Vision*

*Some restrictions may apply for employer contributions or the type of FSA available.

Feature	HSA	HRA	FSA*
Financing contributions can be made by	Group or employee Group and employee Third party	Group	Group Employee Group and employee
Account owner	Employee	Group	Employee**
Contribution for tax status	Group contributions aren't subject to payroll taxes. Pretax contributions can be made through payroll deduction. Additional tax advantages are available.	Group reimbursements are tax-advantaged for the group and aren't counted toward taxable income for employees.	Group contributions aren't subject to payroll taxes. Pretax contributions can be made through payroll deduction.
Year-to-year rollover	Yes	Group discretion*	Group discretion up to a max of \$500
Allowable withdrawals	Qualified IRS medical expenses	Group discretion	Qualified IRS medical expenses
Opportunity to invest	Yes	No	No
Debit card available	Yes	Yes*	Yes
Account customer service	24/7 availability	24/7 availability*	24/7 availability
Wellness incentives	Yes*	Yes*	No
Consolidated billing	Yes	Yes*	Yes

*Doesn't apply to Blue Care Network groups or members.

**Unused money is forfeited to the group at the end of the year.

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/specialist/urgent care/emergency room	Prescription drug tiers
2024 Community Blue HRA PPO Platinum	\$1,500	20%	\$4,000	\$6,350	\$200	\$20/\$20/\$60/\$150	\$5/\$40/\$80
2024 Community Blue HRA PPO Gold	\$5,500	30%	N/A	\$8,700	\$0	\$40/\$40/\$60/\$250	\$15/\$30/\$60

The out-of-pocket costs shown are for single in-network coverage.

Simply BlueSM HRA PPO

Gives you a way to continue offering your employees the same access to care as traditional PPO plans. The included health reimbursement arrangement helps them keep their share of costs lower while making it more affordable for you.

- Multiple deductible and coinsurance options
- Competitively priced to give your employees great benefits while staying within your budget
- 20% or 30% in-network coinsurance
- You set aside money in the HRA for employees' health care expenses and own the account
- You choose which qualified medical expenses are covered
- Can be paired with an FSA (limited purpose, dependent care, full medical or all three)
- **New:** Members can choose virtual or in-person office visits for primary care
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers and low copays for generic medications
- Pediatric vision benefits

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/ specialist/urgent care/emergency room	Prescription drug tiers
2024 Simply Blue HRA PPO Platinum	\$5,000	30%	N/A	\$6,350	\$2,500	\$30/\$50/\$60/ \$150	\$20/\$60/ \$100/20%/25%
2024 Simply Blue HRA PPO Gold Option 1	\$1,500	20%	\$4,000	\$9,100	\$50	\$30/\$50/\$60/ \$150	\$20/\$60/ \$100/20%/25%
2024 Simply Blue HRA PPO Gold Option 2	\$2,000	20%	N/A	\$9,100	\$50	\$40/\$50/\$60/ \$250	\$20/\$60/ \$125/20%/25%
2024 Simply Blue HRA PPO Gold Option 3	\$4,000	20%	N/A	\$9,100	\$450	\$30/\$50/\$60/ \$250	\$20/\$60/ \$125/20%/25%

The out-of-pocket costs shown are for single in-network coverage.

Simply BlueSM HSA PPO

These health plans offer your employees a tax advantage with a health savings account; encourage them to take charge of their health care dollars.

- Multiple deductible and coinsurance options
- Office visits, specialists, urgent care or emergency room services applied to the deductible and then coinsurance
- You, your employees or both contribute pretax dollars to save for current and future health care expenses
- Funds roll over from year to year and don't expire
- Employee owns the spending account
- Can be paired with an FSA (limited purpose, dependent care or both)
- No embedded coinsurance maximum
- **New:** Members can choose virtual or in-person office visits for primary care
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers and low copays for generic medications
- Pediatric vision benefits

Health plan	Deductible	Coinsurance	Out-of-pocket maximum	Employer contribution	Copay tiers: primary care/ specialist/urgent care/emergency room	Prescription drug tiers
2024 Simply Blue HSA PPO Gold Option 1*	\$1,600	20%	\$4,500	\$0	Deductible/ coinsurance	Ded.& \$20/\$60/ \$100/20%/25%
2024 Simply Blue HSA PPO Gold Option 2*	\$2,500	0%	\$4,500	\$0	Deductible/ coinsurance	Ded.& \$20/\$60/ \$150/20%/25%
2024 Simply Blue HSA PPO Gold Option 3**	\$3,200	0%	\$3,200	\$0	Deductible/ coinsurance	Deductible
2024 Simply Blue HSA PPO Silver Option 1**	\$3,200	20%	\$7,500	\$0	Deductible/ coinsurance	Ded.& \$15/\$50/ \$150/20%/25%
2024 Simply Blue HSA PPO Silver Option 2**	\$4,500	0%	\$7,000	\$0	Deductible/ coinsurance	Ded.& \$20/\$60/ \$150/20%/25%
2024 Simply Blue HSA PPO Bronze**	\$7,500	0%	\$7,500	\$0	Deductible/ coinsurance	Deductible/ coinsurance

The out-of-pocket costs shown are for single in-network coverage.

*Aggregate deductible and OOPM. With aggregate deductible, one person on a family contract can potentially fulfill the entire family's deductible.

**Embedded deductible and OOPM. With an embedded deductible, member cost sharing is limited to the individual level. A member on the contract can fulfill only the individual requirements.

BCN HRASM HMO

Gives you the exceptional health management and cost savings that Blue Care Network is known for, with an integrated health reimbursement arrangement that helps your employees cover out-of-pocket costs.

- Multiple deductible options with out-of-pocket-maximums
- Employers in select counties can save more with our PCP Focus Network*
- You fund and own the arrangement
- You choose to allow the arrangement to pay for the medical deductible, medical coinsurance or both
- Payment arrangement includes employer pays first, employee pays first or a combination of both
- Payment directly to providers
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers and low copays for generic medications
- Pediatric vision benefits
- Employees select a BCN primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: PCP office visit/specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN HRA Platinum Option 1	\$1,500	20%	\$500	\$6,350	\$750	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN HRA Platinum Option 2	\$2,000	20%	\$500	\$6,350	\$1,000	\$20/\$40/\$50/\$150	\$4/\$15/\$40/\$80/20%/20%
2024 BCN HRA Gold Option 1	\$3,000	20%	N/A	\$9,100	\$100	\$30/\$50/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
2024 BCN HRA Gold Option 2	\$4,000	20%	N/A	\$9,100	\$300	\$30/\$60/\$60/\$150	\$6/\$25/\$60/\$80/20%/20%
2024 BCN HRA Platinum Option 3	\$5,000	20%	N/A	\$6,350	\$2,500	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%
2024 BCN HRA PCP Focus Platinum Option 3	\$5,000	20%	N/A	\$6,350	\$2,500	\$20/\$40/\$50/\$150	\$6/\$25/\$50/\$80/20%/20%

The out-of-pocket costs shown are for single in-network coverage.

*Employers with at least one location in these counties are eligible: Bay, Calhoun, Clinton, Eaton, Genesee, Ingham, Kalamazoo, Kent, Livingston, Macomb, Monroe, Muskegon, Oakland, Ottawa, Saginaw, Shiawassee, St. Clair, Van Buren, Washtenaw, Wayne.

BCN HSASM HMO

Provides affordable, convenient coverage with a tax advantage; includes an integrated health savings account that helps employees pay their present qualified health expenses and save for retirement health care.

- Multiple deductible and coinsurance levels with out-of-pocket-maximums
- You, your employees or both contribute pretax dollars to save for current and future qualified health care expenses
- Employee owns the account and keeps the funds at year-end or after employment
- 100% coverage of essential, preventive care health benefits
- Integrated prescription drug coverage with multiple copay tiers and low copays for generic medications
- Pediatric vision benefits
- Employees select a BCN primary care provider to deliver and coordinate all their care, including referrals to specialists and prior authorizations for certain procedures

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: PCP office visit/specialist/urgent care/emergency room	Prescription drug tiers
2024 BCN HSA Gold Option 1*	\$1,600	20%	N/A	\$4,500	\$0	Deductible/coinsurance	\$10/\$30/\$60/\$80/20%/20%
2024 BCN HSA Gold Option 2*	\$2,500	0%	N/A	\$4,500	\$0	Deductible	\$15/\$40/\$80/\$100/20%/20%
2024 BCN HSA Gold Option 3**	\$3,200	0%	N/A	\$3,200	\$0	Deductible	Deductible
2024 BCN HSA Silver Option 1**	\$3,200	20%	N/A	\$7,500	\$0	Deductible/coinsurance	\$6/\$25/\$60/\$80/20%/20%
2024 BCN HSA Silver Option 2**	\$4,000	10%	N/A	\$7,050	\$0	Deductible/coinsurance	\$15/\$40/\$80/\$100/20%/20%
2024 BCN HSA Silver Option 3**	\$4,500	0%	N/A	\$7,000	\$0	Deductible	\$15/\$40/\$80/\$100/20%/20%
2024 BCN HSA Bronze**	\$7,500	0%	N/A	\$7,500	\$0	Deductible	Deductible
2024 BCN HSA PCP Focus Bronze**	\$7,500	0%	N/A	\$7,500	\$0	Deductible	Deductible

The out-of-pocket costs shown are for single in-network coverage.

*Aggregate deductible and OOPM

**Embedded deductible and OOPM

Blue Elect Plus HSASM POS

Smart option for employees who want provider choice and flexibility, combined with the ability to control their health care funds with a health savings account.

- Works the same as our regular Blue Elect Plus point-of-service product (see Blue Elect Plus product materials for requirements and details)
- Multiple deductible options with 0% or 20% coinsurance
- You, your employees or both contribute pretax dollars for current and future qualified health care expenses
- Employee owns the account and keeps funds at year-end or after employment
- Freedom from needing referrals in or out of network
- Coverage for employees who live in or outside of Michigan, unlike many other HMO-style plans
- Access to in-network providers outside of Michigan through our BlueCard[®] Traditional program
- 100% coverage of essential, preventive care health benefits when received from in-network providers
- Integrated prescription drug coverage with multiple copay tiers and low copays for generic medications
- Pediatric vision benefits

Health plan	Deductible	Coinsurance	Embedded coinsurance maximum	Out-of-pocket maximum	Employer contribution	Copay tiers: PCP office visit/ specialist/urgent care/emergency room	Prescription drug tiers
2024 Blue Elect Plus HSA POS Gold Option 1*	\$1,600	20%	N/A	\$4,500	\$0	Deductible/coinsurance	\$10/\$30/\$60/\$80/20%/20%
2024 Blue Elect Plus HSA POS Gold Option 2*	\$2,500	0%	N/A	\$4,500	\$0	Deductible	\$15/\$40/\$80/\$100/20%/20%
2024 Blue Elect Plus HSA POS Silver**	\$3,200	20%	N/A	\$7,500	\$0	Deductible/coinsurance	\$6/\$25/\$60/\$80/20%/20%
2024 Blue Elect Plus HSA POS Bronze**	\$7,500	0%	N/A	\$7,500	\$0	Deductible	Deductible

The out-of-pocket costs shown are for single in-network coverage.

*Aggregate deductible and OOPM

**Embedded deductible and OOPM

Employees with a Michigan address must select a BCN primary care provider. However, they have the option to seek care from other providers and specialists without a referral. Employees living outside of Michigan don't need an assigned PCP or referrals; they just need to see a BlueCard Traditional provider who's based outside Michigan for in-network benefits.



Still have questions?

Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.

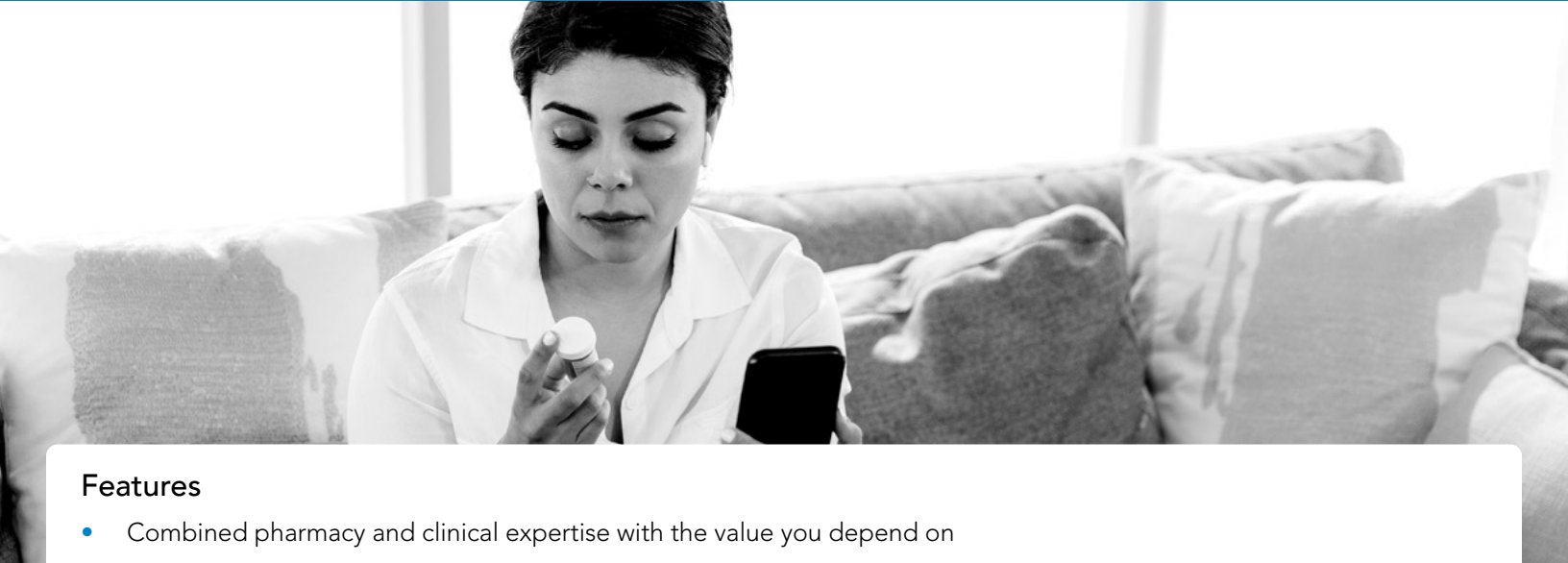


**Blue Cross
Blue Shield
Blue Care Network**
of Michigan



Blues RxSM

Significant cost savings and a pharmacy benefit management program fully integrated in to your health plan



Features

- Combined pharmacy and clinical expertise with the value you depend on
- One ID card and one central point of contact for both medical and pharmacy benefits
- Easy access to 95% of pharmacies in Michigan and more than 65,000 nationwide
- Maximized savings with a generic drug dispensing rate of more than 89%
- Mail order and 90-day retail fills that save \$10 per order
- *Custom Select Drug List* — our three- or five-tier benefit plan with the safest and most cost-effective drugs included in the lower tiers; the amount members pay out-of-pocket depends on the drug's tier
- Freedom to work with doctors to find more cost-effective, lower-tier generic options
- Best-in-class management of high-cost specialty drugs through AllianceRx Walgreens Pharmacy

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM solutions help you tackle your small business health care challenges and maximize your bottom line. Since pharmacy coverage is the most widely used benefit, your pharmacy package will include:

Low-cost, effective medications — We continuously evaluate medications to ensure they're the most effective and affordable as possible.

Medication adherence programs — Our programs encourage your employees to take their medications as prescribed to improve health outcomes.

Safety measures — Our claims process ensures medications are dispensed properly per the member's dose, other medications, age, gender and health conditions. These checks lead to fewer drug-related hospitalizations and lower costs.

Online resources — Employees can log in to their account at bcbsm.com and view their benefits and out-of-pocket cost information. Our online drug benefit tool allows members to enroll in home delivery for greater convenience and savings. They can also research drug treatments, locate participating pharmacies and print a personal prescription history.

Blues Rx pharmacy plan

Preventive drugs	Generics	Preferred brand	Nonpreferred brand	Preferred specialty*	Nonpreferred specialty*
Members who meet coverage criteria can receive certain prescribed and over-the-counter preventive drugs with no copayment. A prescription is required.	\$5, \$10, \$15, \$20 or \$25 copay	\$25, \$30, \$40, \$50, \$60 or \$75 copay	\$50, \$60, \$80, \$100, \$125, \$150 or \$175 copay	15% or 20% coinsurance with no minimum and a \$150, \$200 or \$300 maximum copay per fill	25% coinsurance with no minimum and a \$300 or \$500 maximum copay per fill

- Some drug plans apply a deductible only, deductible then coinsurance or deductible then copay for prescription drug coverage.
- The 90-day retail and mail-order copays are calculated at three times a 30-day supply minus \$10; some plans apply a deductible only.
- The out-of-pocket maximum applies in combination with your medical benefit.
- Prior approval, step therapy and quantity limits may apply.
- Specialty medications must be filled through an AllianceRx Walgreens Pharmacy.
- Copays for select medications may vary for members enrolled in adherence programs.

*Coinsurance only applies to five-tier drug plans.

Generics — lowest out-of-pocket cost

Includes generic drugs; members pay the lowest copay for generics, making them the most cost-effective option for treatment.

Preferred brand — higher out-of-pocket cost

Includes nonspecialty, preferred brand-name drugs; these drugs are more expensive than generics and members pay more for them.

Nonpreferred brand — highest out-of-pocket cost

Includes nonpreferred, nonspecialty brand-name drugs for which there are either generic alternatives or more cost-effective, preferred brand-name drugs available; members pay more for these nonpreferred brand-name drugs.

Preferred specialty — lower specialty drug out-of-pocket cost

Includes specialty drugs, both generic and brand-name, that are used to treat difficult health conditions; these drugs are generally more cost-effective than nonpreferred specialty drugs.

Nonpreferred specialty — higher specialty drug out-of-pocket cost

Includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions; members pay a higher copay for these because there are more cost-effective generic or preferred drugs available.

Notes

Certain types of prescription drugs may not be covered. These include, but aren't limited to:

- Brand-name drugs that have generic equivalents
- Sexual dysfunction and weight-loss drugs
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Prenatal vitamins
- Most drugs used to treat cough, cold, heartburn and acid reflux
- Cosmetic drugs
- Drugs not approved by the Food and Drug Administration

Still have questions? Contact your Blue Cross sales representative or contracted agent, or visit bcbsm.com/employers.



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

AllianceRx Walgreens Pharmacy is an independent company that provides specialty pharmacy services for Blue Cross Blue Shield of Michigan and Blue Care Network.



Blues RxSM | Blue Care Network

Manage health care costs by ensuring access to prescription drugs at affordable prices



Features

- Combined pharmacy and clinical expertise with the value you depend on
- One ID card and one central point of contact for both medical and pharmacy benefits
- Easy access to 95% of pharmacies in Michigan and more than 65,000 nationwide
- *Custom Select Drug List* — our six-tier benefit plan with the safest and most cost-effective drugs included in the lower tiers; the amount members pay out of pocket will depend on the drug's tier
- Freedom to work with doctors to find more cost-effective, lower-tier generic options
- Best-in-class management of high-cost specialty drugs through AllianceRx Walgreens Pharmacy

THE BLUE CROSS DIFFERENCE

Our Smarter, Better HealthcareSM solutions help you tackle your small business health care challenges and maximize your bottom line. Since pharmacy coverage is the most widely used benefit, your pharmacy package will include:

Low-cost, effective medications — We continuously evaluate medications to ensure they're the most effective and affordable as possible. Our partnerships also keep costs low.

Medication adherence programs — Our programs encourage your employees to take their medications as prescribed to improve health outcomes.

Safety measures — Our claims process ensures medications are dispensed properly per the member's dose, other medications, age, gender and health conditions. These checks help lead to fewer drug-related hospitalizations and lower costs.

Online resources — Employees can log in to their account at bcbsm.com and view their benefits and out-of-pocket cost information. Our online drug benefit tool allows members to enroll in home delivery for greater convenience and savings. They can also research drug treatments, locate participating pharmacies and print a personal prescription history.

Blues Rx BCN pharmacy plan

Preventive drugs	Preferred generics	Nonpreferred generics	Preferred brand	Nonpreferred brand	Preferred specialty	Nonpreferred specialty
Under the Affordable Care Act, members who meet coverage criteria can receive certain prescription and over-the-counter preventive drugs with no out-of-pocket costs. A prescription is required.	\$4, \$5, \$6, \$10 or \$15 copay	\$15, \$20, \$25, \$30 or \$40 copay	\$40, \$50, \$60 or \$80 copay	\$80, \$100 or \$150 copay	20% coinsurance with some drug plans having a copay maximum with no minimum; or a \$200 copay for BCN Fixed Cost drug plans.	20% coinsurance with some drug plans having a copay maximum with no minimum; or a \$300 copay for BCN Fixed Cost drug plans.

- Some drug plans apply a deductible only, or deductible then coinsurance or deductible then copay for prescription drug coverage.
- The 90-day retail and mail-order copays are calculated at three times a 30-day supply minus \$10; some plans apply a deductible only.
- The out-of-pocket maximum applies in combination with your medical benefit.
- Prior approval, step therapy and quantity limits may apply.
- Specialty medications must be filled through an AllianceRx Walgreens Pharmacy.
- Copays for select medications may vary for members enrolled in adherence programs.

Preferred generics — lower generic out-of-pocket costs

Includes common nonspecialty generic drugs and select brand-name drugs that treat certain chronic diseases; offering these drugs at the lowest copay makes them more accessible to members and helps ensure that they take them as prescribed.

Nonpreferred generics — higher generic out-of-pocket costs

Includes nonspecialty generic drugs that aren't listed in the preferred generics' tier; the nonpreferred generics copay is higher than the preferred generics' tier copay, but is still lower than the copay for brand-name drugs.

Preferred brand — higher nonspecialty out-of-pocket costs

Includes preferred, nonspecialty brand-name drugs that don't have a generic equivalent; these drugs are more expensive than generics, and members will pay more for them.

Nonpreferred brands — highest nonspecialty out-of-pocket costs

Includes nonpreferred, nonspecialty brand-name drugs for which there are either generic alternatives or more cost-effective, preferred brand-name drugs available. Members pay more for these nonpreferred brand-name drugs.

Preferred specialty — lower specialty drug out-of-pocket costs

Includes specialty drugs, both generic and brand-name, that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.

Nonpreferred specialty — higher specialty drug out-of-pocket costs

Includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay a higher copay for these because there are more cost-effective generic or preferred drugs available.

Notes

Certain types of prescription drugs may not be covered. These include, but aren't limited to:

- Brand-name drugs that have generic equivalents
- Sexual dysfunction and weight-loss drugs
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Prenatal vitamins
- Most drugs used to treat cough, cold, heartburn and acid reflux
- Cosmetic drugs
- Drugs not approved by the FDA

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



**Blue Care
Network**
of Michigan



Blue DentalSM

A cost-effective way to offer your employees a vital tool for overall health



Plan features

- Broad access to PPO dentists in Michigan and across the U.S.
- Two tiers of employee access to participating dentists, providing savings and choice
- Three dental plan types are available — PPO Plus, PPO and EPO — to fit the needs of your business and your employees
- Two ways to offer dental coverage — employer-sponsored or voluntary
- Optional orthodontic coverage for members 18 and younger on all dental plans, except pediatric-only plans
- Pediatric essential dental benefits
- Integrated wellness program to proactively engage your employees with conditions such as diabetes, periodontal disease or stress and encourage them to schedule a dental appointment
- Employee online resources through the bcbsm.com member account, including *Find a dentist* and the *Blue Dental Resource Center*, a tool to help your employees better understand their oral health, ask a dentist a question and get cost estimates for a procedure

BEYOND THE BASICS

Why is Blue Dental coverage an important part of your total health care package? Better oral health means better overall health, with fewer missed workdays. Dentists can spot signs of more than 120 serious health conditions, including cancer, diabetes and heart disease, during routine oral exams.

THE RIGHT ACCESS

Choosing the right access isn't easy. We know a one-size-fits-all approach won't work. When it comes to Blue Dental plans, we offer flexibility to meet your business and employees' needs.

Tier 1 PPO

Includes more than 130,000 dentists nationwide and 3,600 in Michigan. Your employees get great cost savings with discounts up to 40% on covered services when they see Tier 1 PPO dentists

Tier 2 Participating Non-PPO

Dentists participate through our Blue Par SelectSM arrangement, with discounts on services ranging from 15% to 18%. These dentists offer an easy experience for your employees and don't bill for any difference between approved amounts and their normal charges for covered services

Blue DentalSM PPO Plus

Gives members the freedom to choose any licensed dentist anywhere. Participating dentist or not, they're covered.

Blue DentalSM PPO

Balances choice and savings. Members have better coverage and lower costs when they choose PPO dentists, but they can still see any licensed dentist.

Blue DentalSM EPO

Makes Blue Dental coverage even more affordable by requiring the use of PPO dentists. PPO network discounts are up to 40% off dentists' usual charges.

Employer-sponsored options

Dental plan choices for when you pay at least 35% of the employee's premium.

Dental plan	Deductible		Coinsurance								Annual maximum		Lifetime maximum*		
			Class I		Class II		Class III		Class IV*						
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
PPO Plus MAC															
Blue Dental SM PPO Plus MAC 100/80/50 1000 MAC	\$25/\$75		100%		80%		50%		50%			\$1,000		\$1,000	
PPO Plus															
Blue Dental SM PPO Plus 100/80/50 1500	\$25/\$75		100%		80%		50%		50%			\$1,500		\$1,500	
Blue Dental SM PPO Plus 100/80/50 1000	\$25/\$75		100%		80%		50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO Plus 100/50/50 1000	\$25/\$75		100%		50%		50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO Plus 80/50/50	\$25/\$75		80%		50%		50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO Plus 80/50/50 Pediatric	\$25/\$75		80%		50%		50%		—			—		—	
PPO															
Blue Dental SM PPO 100/80/50 (80/50/50)**	\$25/\$75	\$50/\$150	100%	80%	80%	50%	50%		50%			\$1,250	\$800	\$1,250	
Blue Dental SM PPO 100/80/50 (50/50/50) 1500	\$25/\$75	\$50/\$150	100%	50%	80%	50%	50%		50%			\$1,500		\$1,500	
Blue Dental SM PPO 100/80/50 (50/50/50) 1000	\$25/\$75	\$50/\$150	100%	50%	80%	50%	50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO 80/50/50 (50/50/50) 800	\$25/\$75	\$50/\$150	80%	50%	50%		50%		50%			\$800		\$800	
EPO***															
Blue Dental SM EPO 100/80/50 (0/0/0)	\$25/\$75	N/A	100%	0%	80%	0%	50%	0%	50%	0%		\$1,250	N/A	\$1,250	N/A

*Class IV benefits and the lifetime maximum amount are available only when optional orthodontic coverage is purchased.

**Of the total annual maximum amount shown in the PPO column, no more than \$800 can be used for services provided by non-PPO dentists.

***Blue DentalSM EPO plans require the use of PPO dentists.

Voluntary options

Dental plan choices that are available to employees at no cost to you, or when you pay less than 35% of the employee's premium.

Dental plan	Deductible		Coinsurance								Annual maximum		Lifetime maximum*		
			Class I		Class II		Class III		Class IV*						
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
PPO Plus MAC Voluntary															
Blue Dental SM PPO Plus MAC 100/80/50 V MAC	\$25	\$75	100%		80%		50%		50%			\$1,000		\$1,000	
PPO Plus Voluntary															
Blue Dental SM PPO Plus 100/80/50 V	\$25	\$75	100%		80%		50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO Plus 100/50/50 V	\$25	\$75	100%		50%		50%		50%			\$1,000		\$1,000	
Blue Dental SM PPO Plus 80/50/50 V	\$25	\$75	80%		50%		50%		50%			\$1,000		\$1,000	
PPO Voluntary**															
Blue Dental SM PPO 100/80/50 (80/50/50) 1000 V	\$25/\$75	\$50/\$150	100%	80%	80%	50%	50%		50%			\$1,000	\$800	\$1,000	
EPO Voluntary***															
Blue Dental SM EPO 100/80/50 (0/0/0) V	\$25/\$75	N/A	100%	0%	80%	0%	50%	0%	50%	0%		\$1,250	N/A	\$1,250	N/A

*Class IV benefits and the lifetime maximum amount are available only when optional orthodontic coverage is purchased.

**Of the total annual maximum amount shown in the PPO column, no more than \$800 can be used for services provided by non-PPO dentists.

***Blue DentalSM EPO plans require the use of PPO dentists.

Voluntary option notes

All dental plans include a 12-month waiting period for Class III services. This waiting period doesn't apply to pediatric members.

We can waive this waiting period for groups with proof of prior dental coverage. However, the waiver applies only to members who enroll on the group's initial effective date. Members who enroll after this date remain subject to the Class III waiting period.

Still have questions?

Contact your Blue Cross sales representative
or contracted agent, or visit bcbsm.com/employers.





Blue VisionSM

The best care and value for your employees' vision health needs

Features

- Comprehensive vision benefits, administered by VSP[®], for employees and their family members who are 19 and older*
- Two ways to offer vision coverage — *employer-paid*, if you pay at least 65% of their premium, or *voluntary*, if you pay no more than 35% of their premium
- Preventive care and corrective treatment
- Extensive discounts available on lens options, laser vision correction and hearing services
- Integrated vision wellness program to identify and communicate with your members with diabetes to encourage them to schedule a preventive eye care exam
- Access to eye doctors nationwide and national retail centers, such as Costco Optical, RxOptical, Visionworks and Walmart

BEYOND THE BASICS

Why is Blue Vision coverage an important part of your total health care package? Vision health can directly affect employee wellness in the workplace and reduce overall health care costs. Routine eye exams can spot signs of at least 30 serious health conditions, including diabetes, glaucoma, high blood pressure, neurological disorders, hepatitis and other infections.

*For groups with 50 or fewer full-time equivalent employees, Blue Cross Blue Shield of Michigan and Blue Care Network medical plans include pediatric vision benefits for members 18 and younger.

Employer-sponsored plans				VSP Choice network		
Vision plan	Frequency			Annual allowance materials	Exam copay	Material copay
	Exam	Lenses	Frames			
12-12-12 \$5/\$10	Every 12 months	Every 12 months	Every 12 months	\$130	\$5	\$10
12-12-24 \$5/\$10	Every 12 months	Every 12 months	Every 24 months	\$130	\$5	\$10
24-24-24 \$5/\$10	Every 24 months	Every 24 months	Every 24 months	\$130	\$5	\$10

Voluntary-sponsored plans				VSP Choice network		
12-12-24 \$10/\$25	Every 12 months	Every 12 months	Every 24 months	\$130	\$10	\$25
12-12-24 \$0/\$25	Every 12 months	Every 12 months	Every 24 months	\$130	\$0	\$25

Still have questions?

Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



VSP Vision Care is an independent company providing vision benefit services for Blue Cross Blue Shield of Michigan and Blue Care Network members. VSP is a registered trademark of Vision Service Plan.



Blue VisionSM EasyOptions

Makes customized coverage a breeze and meets everyone’s individual eye care needs



Features

- Simple, comprehensive benefits through VSP®
- Flexibility to choose an eyeglass or contact lens upgrade package with a vision prescription
- For just a little more per month pretax, your employees get one fixed price that covers a variety of upgrades
- Available on a voluntary or nonvoluntary basis
- Exams, lenses and frames every calendar year
- Employer-sponsored plan allows \$150 for materials annually, \$10 exam and \$25 materials copay

Blue VisionSM EasyOptions upgrades

Your employees and their family members can choose the covered upgrade that gives them the most value for their unique needs. Their chosen VSP network doctor will help them tailor an upgrade and maximize savings.

\$250 frame allowance	or	Anti-reflective lenses	or	Progressive lenses	or	Photochromic lenses	or	In lieu of glasses \$200 elective contact lens allowance with contact lens exam covered after \$60 copay
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*For groups with 50 or fewer full-time equivalent employees, Blue Cross Blue Shield of Michigan and Blue Care Network medical plans include pediatric vision benefits for members 18 and younger.

Still have questions? Contact your Blue Cross and BCN sales representative or contracted agent, or visit bcbsm.com/employers.



VSP Vision Care is an independent company providing vision benefit services for Blue Cross Blue Shield of Michigan and Blue Care Network members. VSP is a registered trademark of Vision Service Plan.



Our Blue Dental and Blue Vision plans are all in one for your overall health

We joined your Blue Cross Blue Shield of Michigan medical, dental and vision benefits together for a seamless experience with one ID card, one convenient member account and access to our integrated wellness engagement program.

With our large Blue Dental PPO network of more than 130,000 unique dentists and 420,000 access points nationwide, you have the choice to stay with your current dental provider or choose someone new.

Our Blue Vision care offers you the choice of more than 35,000 unique providers nationwide with a wide selection of eye wear choices.

Interested in learning more? Contact your Specialty Benefits representative or email specialtybenefits@bcbsm.com.



Specialty Benefits | Providing a total benefits solution



BLUE CROSS
BLUE SHIELD
OF MICHIGAN

APPENDIX A

Benefit & Rate Schedules



HOWELL AREA PARKS AND RECREATION
 CID: 419009 GROUP/DIVISION:007038237_0000
 Funding Type: **Small Group Rated**
 Rating Area: **D**

Your benefit package has been renewed at the following rates and is effective from **03/01/2024** through **02/28/2025**.

Medical: 2024 Simply Blue HRA PPO Gold Option 1 W/Elective Abortion **Complementary Medical: BS 65 OPTION 1**

EA SG	RIDER EA SG - ELECTIVE ABORTION [N]	BC-COMP	GROUP MEDICARE PART A COMPLEMENTARY BENEFIT CERTIFICATE [N]
SB HRA SG	SIMPLY BLUE HRA GROUP BENEFITS CERTIFICATE SG [N]	BS 65 OPTION 1	BLUE SHIELD 65, G-I BENEFIT CERTIFICATE (OPTION 1) [N]
SBHRA GOLD OPT1	RIDER SIMPLY BLUE HRA PPO GOLD OPTION 1 - 2024 SG [N]	CMS SG	ADMINISTRATIVE FORM SG - COMP MEDICAL SERVICES (placeholder) [Y]
		GCP-D	RIDER GCP-D [N]
		GPC-SAT 2	RIDER GPC- SAT-2 - SUBSTANCE ABUSE TREATMENT PROGRAM BENEFITS [N]
		GPC-SAT-MHP-2	RIDER GPC-SAT-MHP-2 - GROUP COMPLEMENTARY SUBSTANCE ABUSE TREATMENT MENTAL HEALTH PARITY [N]
		HCR MS PCB	RIDER HCR-MS-PCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL PREVENTIVE CARE BENEFITS [N]
		HCR-MS-WCB-ECS	RIDER HCR-MS-WCB - HEALTH CARE REFORM MEDICARE SUPPLEMENTAL WOMENS CONTRACEPTIVE BENEFITS [N]

Pharmacy: PDRX SG **Complementary Pharmacy: PDRX SG**

PDRX SG	PREFERRED RX PROGRAM CERTIFICATE SG [N]	104080RX90MO3XS	RIDER PD-TTC \$10/\$40/\$80 RX90MO3x-\$10 RXCM SG PRESCRIPTION DRUG TRIPLE TIER COPAYMENT WITH A COST MANAGEMENT PROGRAM[N]
		ADM MOS816 RX	ADMINISTRATIVE RIDER COMP BENEFITS - DRUG [Y]
		PDRX SG	PREFERRED RX PROGRAM CERTIFICATE SG [N]
		RX-MC-ESN SG	RIDER RX-MC-ESN SG - PRESCRIPTION DRUG MEDICARE COMPLIMENTARY EXCLUSIVE SPECIALTY NETWORK [N]
		RX-MC-VCP SG	RIDER RX-MC-VCP SG - PRESCRIPTION DRUG MEDICARE COMPLEMENTARY VARIABLE COST-SHARING PROGRAM [N]

Dental: Blue Dental PPO 100/80/50 (80/50/50) 1250 SG **Complementary Dental: BD-SG**

100/80/50-2022	RIDER BD PPO 100/80/50 (80/50/50)-2022 SG BLUE DENTAL [N]	100/80/50-2022	RIDER BD PPO 100/80/50 (80/50/50)-2022 SG BLUE DENTAL [N]
BD-SG	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG [N]	ADM MOS816 DNTL	ADMINISTRATIVE RIDER COMP BENEFITS - DENTAL [Y]
BDPED OPM\$400	RIDER BD PED OPM \$400/\$800 SG [N]	BD-SG	BLUE DENTAL GROUP BENEFITS CERTIFICATE SG [N]
		BDPED OPM\$400	RIDER BD PED OPM \$400/\$800 SG [N]

Vision: Blue Vision 12/12/12 \$5/\$10 **Complementary Vision: BV-ADULT**

BV-ADULT	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG [N]	ADM MOS816 VIS	ADMINISTRATIVE RIDER COMP BENEFITS - VISION [Y]
BV-PEDS	BLUE VISION PEDIATRIC GROUP BENEFITS CERTIFICATE SG [N]	BV-ADULT	BLUE VISION ADULT-ONLY GROUP BENEFITS CERTIFICATE SG [N]
BVFL SG	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12) [N]	BVFL SG	RIDER BVFL-SG - BLUE VISION FREQUENCY LIMITS (12-12-12) [N]

****RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL****

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, www.bcbsm.com/healthcarereform. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan. BCBS of Michigan rates are guaranteed for the period stated above; however, BCBS reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCBS is a prepaid health plan and payment is due on or before the date noted on your billing statement. If you have questions or wish to discuss other BCBS benefit plans, please contact your BCBS Regional Sales Office or Agent. We at BCBS appreciate your business and look forward to providing your continuing health benefit needs.



HOWELL AREA PARKS AND RECREATION
 CID: 419009 GROUP/DIVISION:007038237_0000
 Funding Type: **Small Group Rated**
 Rating Area: **D**

Your benefit package has been renewed at the following rates and is effective from **03/01/2024** through **02/28/2025**.

Age	Total	Medical + Pharmacy	Dental	Vision
0	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
1	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
2	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
3	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
4	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
5	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
6	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
7	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
8	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
9	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
10	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
11	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
12	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
13	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
14	\$ 360.74	\$ 332.06	\$ 28.68	\$ 0.00
15	\$ 390.25	\$ 361.57	\$ 28.68	\$ 0.00
16	\$ 401.54	\$ 372.86	\$ 28.68	\$ 0.00
17	\$ 412.82	\$ 384.14	\$ 28.68	\$ 0.00
18	\$ 424.98	\$ 396.30	\$ 28.68	\$ 0.00
19	\$ 434.73	\$ 408.45	\$ 20.94	\$ 5.34
20	\$ 447.32	\$ 421.04	\$ 20.94	\$ 5.34
21	\$ 460.26	\$ 434.06	\$ 20.94	\$ 5.26
22	\$ 460.38	\$ 434.06	\$ 21.13	\$ 5.19
23	\$ 460.54	\$ 434.06	\$ 21.34	\$ 5.14
24	\$ 460.73	\$ 434.06	\$ 21.57	\$ 5.10
25	\$ 462.69	\$ 435.80	\$ 21.82	\$ 5.07
26	\$ 471.60	\$ 444.48	\$ 22.07	\$ 5.05
27	\$ 482.26	\$ 454.89	\$ 22.32	\$ 5.05
28	\$ 499.49	\$ 471.82	\$ 22.62	\$ 5.05
29	\$ 513.68	\$ 485.71	\$ 22.91	\$ 5.06
30	\$ 520.96	\$ 492.66	\$ 23.22	\$ 5.08
31	\$ 531.73	\$ 503.08	\$ 23.54	\$ 5.11
32	\$ 542.51	\$ 513.49	\$ 23.87	\$ 5.15
33	\$ 549.43	\$ 520.00	\$ 24.23	\$ 5.20
34	\$ 556.79	\$ 526.95	\$ 24.59	\$ 5.25

Age	Total	Medical + Pharmacy	Dental	Vision
35	\$ 560.68	\$ 530.42	\$ 24.96	\$ 5.30
36	\$ 564.62	\$ 533.89	\$ 25.36	\$ 5.37
37	\$ 568.56	\$ 537.37	\$ 25.76	\$ 5.43
38	\$ 572.52	\$ 540.84	\$ 26.18	\$ 5.50
39	\$ 579.97	\$ 547.78	\$ 26.62	\$ 5.57
40	\$ 587.43	\$ 554.73	\$ 27.06	\$ 5.64
41	\$ 598.39	\$ 565.15	\$ 27.52	\$ 5.72
42	\$ 608.93	\$ 575.13	\$ 28.00	\$ 5.80
43	\$ 623.37	\$ 589.02	\$ 28.48	\$ 5.87
44	\$ 641.31	\$ 606.38	\$ 28.98	\$ 5.95
45	\$ 662.31	\$ 626.78	\$ 29.51	\$ 6.02
46	\$ 687.21	\$ 651.09	\$ 30.03	\$ 6.09
47	\$ 715.17	\$ 678.44	\$ 30.57	\$ 6.16
48	\$ 747.06	\$ 709.69	\$ 31.14	\$ 6.23
49	\$ 778.51	\$ 740.51	\$ 31.71	\$ 6.29
50	\$ 813.87	\$ 775.23	\$ 32.29	\$ 6.35
51	\$ 848.82	\$ 809.52	\$ 32.90	\$ 6.40
52	\$ 887.25	\$ 847.29	\$ 33.51	\$ 6.45
53	\$ 926.10	\$ 885.48	\$ 34.13	\$ 6.49
54	\$ 968.02	\$ 926.72	\$ 34.78	\$ 6.52
55	\$ 1009.93	\$ 967.95	\$ 35.43	\$ 6.55
56	\$ 1055.32	\$ 1012.66	\$ 36.10	\$ 6.56
57	\$ 1101.16	\$ 1057.80	\$ 36.79	\$ 6.57
58	\$ 1150.04	\$ 1105.98	\$ 37.49	\$ 6.57
59	\$ 1174.61	\$ 1129.86	\$ 38.20	\$ 6.55
60	\$ 1223.50	\$ 1178.04	\$ 38.93	\$ 6.53
61	\$ 1265.86	\$ 1219.71	\$ 39.66	\$ 6.49
62	\$ 1293.91	\$ 1247.05	\$ 40.42	\$ 6.44
63	\$ 1328.92	\$ 1281.35	\$ 41.19	\$ 6.38
64	\$ 1350.45	\$ 1302.18	\$ 41.97	\$ 6.30
65+	\$ 1350.36	\$ 1302.18	\$ 41.97	\$ 6.21

Medicare Supplemental Benefit Rates				
Age	Total	Medical + Pharmacy	Dental	Vision
All	\$ 1404.55	\$ 1356.37	\$ 41.97	\$ 6.21

******RATES ARE SUBJECT TO CHANGE BASED ON DEPT. OF INSURANCE & FINANCIAL SERVICES APPROVAL******

To comply with new requirements in the Patient Protection and Affordable Care Act (PPACA) (also referred to as health care reform) groups may be required to make changes to their health insurance coverage. If necessary, this may result in an adjustment to the rates. To learn more about the PPACA, please visit our webpage, www.bcbsm.com/healthcarereform. You should also consult with your legal counsel for any legal advice on how you may comply with the law and regulations and the applicability to your plan. BCBS of Michigan rates are guaranteed for the period stated above; however, BCBS reserves the right to adjust rates if any of the assumptions or calculations used to calculate the rates are incorrect. Please remember that BCBS is a prepaid health plan and payment is due on or before the date noted on your billing statement. If you have questions or wish to discuss other BCBS benefit plans, please contact your BCBS Regional Sales Office or Agent. We at BCBS appreciate your business and look forward to providing your continuing health benefit needs.

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To: Howell Area Parks & Recreation Authority Board

From: Tim Church – Director

Subject: 401(a) Eligible Deferred Compensation Plan (ICMA) & 457(b)

Date: January 16, 2024

401(a) & 457(b) Eligible Deferred Compensation

The Authority provides eligible team members with 401(a) & 457(b) eligible deferred compensation plans for additional long-term savings for your retirement.

The Authority's contribution to the 401(a), if any, is determined by the employer on an annual basis. Our current plan contributes on behalf of each Participant 10% of earnings for the Plan Year.

STATE OF MICHIGAN
HOWELL AREA PARK AND RECREATION AUTHORITY

RESOLUTION NO. _____
(Enacted January 16, 2024)

**RESOLUTION AMENDING RESOLUTION
WHICH AUTHORIZED THE HIRING OF JENNIFER CHURCH
AS AN INDEPENDENT CONTRACTOR PERFORMING FITNESS INSTRUCTOR
SERVICE AND ADDRESSING STEPS TO BE TAKEN TO AVOID
CONFLICT WITH THE HAPRA POLICY ON EMPLOYMENT OF
RELATIVES AND FRIENDS**

WHEREAS, the Howell Area Park and Recreation Authority (hereinafter “HAPRA”) operates fitness programs within the facilities under its jurisdiction where it signs up members for a fee to take fitness classes and then hires independent contractors to perform the fitness instructor services at the flat contract rate of \$20.00 per class taught.

WHEREAS, Jennifer Church, who already performs said fitness instructor services in other venues, desired to be employed as independent contractor of HAPRA in this regard in 2021.

WHEREAS, the plan was to hire this independent contractor for three (3) to four (4) potential fitness classes a week, which were each to be about 45 minutes long, and pay the independent contractor a flat rate of \$20.00 per hour.

WHEREAS, Jennifer Church’s husband was then and is now Timothy Church, the Director of the HAPRA.

WHEREAS, HAPRA has an Employment of Relatives and Friends Preview Policy that reads:

We will not employ friends or relatives in circumstances where actual or potential conflicts may arise that could compromise supervision, safety, confidentiality, security, and morale at Howell Area Parks & Recreation Authority. It is your obligation to inform the Organization of any such potential conflict so the Organization can determine how best to respond to the particular situation.

WHEREAS, in accordance with the above policy, Timothy Church brought the issue forward to the Board Chair, Sean Dunleavy, who addressed it with the HAPRA attorney and Board in 2021.

WHEREAS, it was determined a Resolution should be approved by the HAPRA Board to outline how the Board would avoid any potential conflicts, if it hired Jennifer Church.

WHEREAS, that resolution was adopted in 2021 by the Board.

WHEREAS, the Board has determined that the original resolution is in need of updating for

2024.

IT IS THEREFORE RESOLVED that:

1. the Board continues to find that hiring of an independent contract for three (3) to four (4) fitness classes a week, each being approximately 45 minutes long at the flat rate of \$20.00 per class was not generally within the realm of the intent of the policy. Instead, the policy was intended to avoid the employment of employees (W-2), not independent contractors at HAPRA where actual or potential conflicts may arise that could compromise supervision, safety, confidentiality, security, and morale at Howell Area Parks & Recreation Authority.
2. the Board authorize the hiring as an independent contractor Jennifer Church as a fitness instructor for three (3) to four (4) fitness classes a week, each being approximately 45 minutes long at the flat rate of \$20.00 per class;
3. out of an abundance of caution and to avoid even the appearance of a potential conflict, the Board makes the following revisions to the reporting schedule for Jennifer Church:
 - 3.1 Jennifer Church shall report to and be supervised by the then duly appointed HAPRA Health and Wellness Coordinator.
 - 3.2 Any issues that HAPRA Health and Wellness Coordinator has regarding the performance of Jennifer Church shall be addressed directly to the then duly elected the HAPRA Board Chairperson, as opposed to the HAPRA Health and Wellness Coordinator' usual supervisor Timothy Church.
 - 3.3 the HAPRA Board Chairperson will on, behalf of HAPRA:
 - 3.3.1 Sign the independent services contract with Jennifer Church;
 - 3.3.2 Review her time sheets as necessary and sign any pay checks for Jennifer Church. As part of that process, Jennifer Church shall turn her monthly invoices/time cards into then duly appointed HAPRA Health and Wellness Coordinator by 4:00 pm on the last day of the month.
 - 3.3.3 Perform any other duty required by the HAPRA regarding Jennifer Church so that no issue regarding Jennifer Church's employment, performance, pay rate, classes taught, and/or potential future termination is handled by or influenced by Timothy Church.
 - 3.4 This Resolution shall replace and supercede the previously adopted Resolution on this matter from May 2021.

I further certify that the following Members were present at said meeting: _____

_____.

and that the following Members were absent: _____

I further certify that Member, _____, moved for adoption of said resolution, and that Members, _____, supported said motion.

I further certify that the following Members voted for adoption of said Resolution: _____

and that the following Members voted against adoption of said Resolution:

Diana Lowe,
HAPRA Chairperson

I certify that the above is a true copy of Resolution No _____ adopted by the Howell Area Park and Recreation Authority at its regular meeting held on January ____, 2024

HAPRA Recording Secretary

Drafted by: John L. Gornley (P53539)
Gornley Law Offices, PLC
Attorney for the Howell Area Park and Recreation Authority
101 East Grand River Avenue
Fowlerville, Michigan 48836
(517) 223-3758